



2012 Membership Application

All memberships expire on December 31, 2012



___ Renewal – my last USMS number was _____
 ___ New registration

Register with the same name you will use for competition. Please print clearly.

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex (circle) M F	E-mail address	
Club or Unattached			Today's Date (required)	

RELATED MEMBERSHIPS & CERTIFICATIONS

I am a: ___ Masters Coach
 ___ Certified Official

I am a member of: ___ YMCA
 ___ USA Triathlon
 ___ USA Swimming

	FULL-YEAR FEE If joining between 11/1/11 – 10/31/12, membership will expire Dec. 31, 2012
US Masters Swimming full-year fee (\$31) MN LMSC fee (\$11)	\$ 42.00
I wish to contribute this amount to the International Swimming Hall of Fame Foundation:	
I wish to contribute this amount to the USMS "Swimming Saves Lives" Fund:	
I wish to contribute this amount to MN LMSC:	
Total:	

Benefits of Membership include a subscription to USMS's magazine, *SWIMMER*, during the length of the membership year.
 USMS Registered swimmers are covered with secondary accident insurance:
 1) in practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered.
 2) in USMS sanctioned meets where all competitors are USMS registered.

Please allow 2 weeks processing time.

WAIVER: I the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters swimming (training and competition) including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

Signature (required): _____ **Date** _____

Please make check for total fee plus any donation amounts payable to: MN LMSC

Mail check and completed form to: Pam Ogden
 MN LMSC Registrar
 E2401 Quail Run Road
 Eau Claire, WI 54701