SHAKER SWIMMING
P.O Box 201009 • Shaker Heights, OH • 44120 • 216-295-4163 • shakerswimming@msn.com • http://www.shakerswimming.org

# 2010 U.S.MASTERS SWIMMING MEMBERSHIP APPLICATION

**Registrations are valid from 11/1/2009 through 12/31/2010**

**On-Line registration is available as a simple and quick alternative to completing and mailing this form. Go to www.usms.org and click on "join/renew USMS".**

**Membership Through 12/31/10:** **ANNUAL FEE: $40.00**

- **I wish to contribute $ 1.00 (or $ _____) to the International Swimming Hall of Fame Foundation**
- **I wish to contribute $ 1.00 (or $ _____) to the United States Masters Swimming Foundation**

**I have added these amounts to my registration fee.**

**Total Amount Enclosed: _____**

**Make checks payable to "Lake Erie LMSC" and send with this 2010 Application Form to:**
**Margaret Bayless 22149 Rye Road, Shaker Hts, OH 44122**

## MEMBER INFORMATION:

NAME _____ SEX __ AGE _____
First Initial Last

ADDRESS _____ BIRTHDATE ___ / ___ / ____
mo / day / yr

CITY _____ STATE _____ ZIP _____

HOME PHONE ( ____ ) _____ BUSINESS PHONE ( ____ ) _____

E-Mail Address_____ (print clearly)

RENEWAL____ MY CURRENT REGISTRATION NUMBER IS_____ OR NEW REGISTRATION____

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 ACTIVITES. In addition, I agree to abide by and be governed by the rules of USMS.

**Signature _____Date_____**

**Use of Image/Likeness:** I grant permission to U.S. Masters Swimming and its affiliates to use my likeness and/or image in photographs, video, motion pictures, recordings, or any other record for legitimate purpose.

I coach Masters swimmers ☐ ($8.00 of the annual dues is designated for the magazine subscription)

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