SHAKER SWIMMING

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

2008 ONE-YEAR MASTERS MEMBERSHIP APPLICATION

Registrations are valid from 11/1/2007 through 12/31/2008.

Membership Through 12/31/08:

ANNUAL FEE: $35.00

- **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 2008 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_____

RENEWAL____ MY CURRENT REGISTRATION NUMBER IS_____ OR NEW REGISTRATION____

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 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 _____Date_____

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