



2007 Maine Masters Swim Club, Inc. Membership Application

Renewal – my last USMS number was _____
 New registration

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

Last Name		First Name	MI
Street Address			
City/State/Zip		Phone	
Date of Birth (mm/dd/yy)	Sex (circle) M F	E-mail address	
Pool where you swim		Today's Date	

I would like to have someone contact me about volunteer opportunities.

I do **not** want a paper copy of the newsletter. I would rather be notified via email when the newsletter is ready online.

Required Membership Fees: (check one)

\$ _____ \$35.00 - Year-long registration, good for Nov 2006 - Dec 2007

\$ _____ \$22.50 - Reduced fee, good for Sept-Dec 2007. Only use this option if you are registering after Sept 1, 2007.

Optional Additional Fees:

\$ _____ I wish to contribute this additional amount to Maine Masters to help the club provide even more benefits.

\$ _____ I wish to contribute this amount to the International Swimming Hall of Fame Foundation.

\$ _____ I wish to contribute this amount to the United States Masters Swimming Foundation.

\$ _____ If you wish to receive a copy of 2007 MESC top ten times in Yards, please enter **\$5**.

\$ _____ If you wish to receive a copy of 2007 MESC top ten times in Meters, please enter **\$5**.

**Top ten times will be available at www.mainemasters.org for free.

\$ _____ **Total Amount Enclosed**

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.

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): _____

Make check payable to:

Mail check and completed form to:

MESC

**Son Nguyen, 497 Westbrook St # 307 D,
S Portland, ME 04106**