

Great Bay Masters Swimming, Inc. 2011 Membership Form



Please make any updates/corrections in the appropriate box. Print clearly.

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex	E-mail address	
2010 USMS Number		Today's Date		

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): _____

\$34 membership fee if joining between September 1, 2011 to October 31, 2011 (expires 12/31/11)
In addition to the above mandatory fee, I select the following optional contributions:

\$___ I am contributing this additional amount to Great Bay Masters Swimming, Inc.

\$___ I am contributing this additional amount to the USMS "Swimming Saves Lives" Fund (tax deductible).

\$___ I am contributing the additional amount to the International Swimming Hall of Fame (tax deductible).

\$ _____ Total of my check payable to "NELMSC" and mailed with this form to:

New England LMSC Registrar, PO Box 206, Londonderry, NH 03053-0206

Your Great Bay Masters Swimming 2011 membership includes your USMS membership and a subscription to the bimonthly USMS *SWIMMER* magazine through Jan/Feb 2011 (\$8.00 of the annual dues is designated for the magazine subscription). Members of United States Masters Swimming are covered with secondary accident insurance in practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered and in USMS sanctioned meets where all competitors are USMS registered. The United States Masters Swimming policy on the privacy of member information is at: www.usms.org/admin/privacy.shtml