



ONE YEAR MEMBERSHIP APPLICATION

United States Masters Swimming/Arkansas Masters

November 1, 2007 to December 31, 2008

Please register with the name you will use for competitions. Print Clearly.

____ Renewal: my last USMS number was _____

____ New registration

Last Name _____ First _____ MI _____

Address _____

City/State/Zip _____

Date of Birth (mm/dd/yy) _____ Age _____ Sex (circle) M F

Phone: _____

Email: _____

Table with membership options and prices: Annual Membership: USMS card and quarterly newsletter \$35.00, Family Membership: Two USMS cards and quarterly newsletter \$55.00, Professional Membership: Certified Swim Coaches only \$30.00, I wish to contribute to the International Swimming Hall of Fame \$_____, I wish to contribute to the AR Swimming Hall of Fame Foundation \$_____, Total Enclosed \$_____

Benefits of Membership: A subscription to USMS's magazine USMS SWIMMER, during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription), and periodic mailings from the Local Masters Swimming Committee.

USMS Registered swimmers are covered with secondary accident insurance:

- 1) In practices supervised by a USMS member or a 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) _____

Date (required) _____

Please make your check payable to Arkansas Masters.

Mail to: Roger Henry, Arkansas Masters Registrar
PO Box 2505
Fayetteville, AR 72702
Email: rhenry@uark.edu