



# Adirondack Masters Swimming 2010 Membership Application

Renewal – my last USMS number was \_\_\_\_\_

New registration

**Register with the same name you will use for competition. Please print clearly.**

|                                                               |              |               |      |
|---------------------------------------------------------------|--------------|---------------|------|
| Last Name<br>Middle Name/Initial                              |              | First Name    |      |
| Street Address<br>State                                       |              | Zip code      | City |
| Birthdate (mm/dd/yy)<br>Sex                                   |              | Age           |      |
| <input type="checkbox"/> male <input type="checkbox"/> female |              |               |      |
| Area Code                                                     | Phone Number | Email Address |      |
| Club: <input type="checkbox"/> Adirondack Masters             |              |               |      |
| <input type="checkbox"/> Unattached (cannot                   |              |               |      |
| Swim on relays)                                               |              |               |      |

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):** \_\_\_\_\_

**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 wish to contribute \$1.00 (or \$ \_\_\_\_\_) to the International Swimming Hall of Fame Foundation. I have added this amount to my 2010 registration fees.

I wish to contribute \$1.00 (or \$ \_\_\_\_\_) to the United States Master Swimming Foundation. I have added this amount to my 2010 registration fees.

I wish to contribute \$1.00 (or \$ \_\_\_\_\_) to my LMSC

**Total 2010 Registration Fee is \$35 (\$27USMS, \$8LMSC) plus any additional donations listed above if paid between Nov 1, 2009 and August 31, 2010. Membership expires December 31, 2010.**

I am a  Coach,  Certified Official

I am a member of  YMCA,  USA Triathlon,  USA Swimming

Benefits of Membership include: A subscription to USMS's magazine, *SWIMMER*, during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription).

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.

Please allow 2 weeks processing time.

**Please make check for total fee plus any donation amounts payable to: ADMS**

Mail check, completed form and self addressed stamped envelope to:

Therese Gigliotti  
15 Walnut Street, #1  
Cooperstown, NY, 13326