



ADIRONDACK DISTRICT MASTERS SWIMMING 2009 ONE-YEAR MEMBERSHIP APPLICATION

(for November 1, 2008 through December 31, 2009)

**Mail check, completed form and SELF ADDRESSED STAMPED ENVELOPE to:
Paul Strothenke, 42 Kleine Kill Drive, New Paltz, NY 12561
845-255-6073 or paul@midhudsonvip.com**

Benefits of membership include: 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 ADMS.

USMS Registered swimmers are covered with secondary accident insurance:

- 1) In practices supervised by USMS member or USA Swimming certified coach where all swimmers are USMS registered.
- 2) In USMS sanctioned meets where all competitors are USMS registered.

2009 USMS and LMSC registration dues: \$35 payable to Adirondack District Masters Swimming

PLEASE PRINT LEGIBLY THE SAME NAME YOU WILL USE FOR COMPETITION.

Last Name	First Name	Mid Initial	Jr,Sr,III etc	<input type="checkbox"/> New Registration <input type="checkbox"/> Renew from ADMS <input type="checkbox"/> Renew (other LMSC) Previous #:
Street Address		Email Address		
City	State	Zip		
Phone Number	Birthdate (mm/dd/yy)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Club: <input type="checkbox"/> Adirondack District Masters Swimming <input type="checkbox"/> Unattached (Unattached swimmers cannot swim on relays)		I wish to contribute \$1 (or \$ _____) to the USMS Foundation I wish to contribute \$1 (or \$ _____) to the Int'l Swimming Hall of Fame I have added these amounts to my 2006 registration fee		
The above information contains changes to my previously filed <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Email		<input type="checkbox"/> I would be willing to receive my ADMS mailings via email <input type="checkbox"/> I would like to receive my ADMS mailings via United States Postal Service		
		<input type="checkbox"/> If you coach Masters Swimmers, please check here		

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 roles of USMS.

Signature: _____

Date: _____

Please remember to include: a self addressed envelope (including postage), a check made out to ADMS, and this registration form