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**United States Masters Swimming
2009 Metropolitan LMSC Swimmer Registration**

New Member

Renewal

**All fields required. Form will be returned if information is missing. Please write clearly.
Register with same name you will use for competition.**

Last Name		First Name		M
Street Address				Apt#
City		State	Zip+4	
Preferred Phone () -	DATE OF BIRTH (mm/dd/yy) (Required)	Age	Sex Female ___ Male ___	
CLUB CODE (Required): (see second page for list of club codes)			R	E
CLUB CODE (Required): (see second page for list of club codes)			D	T
The policy of the Metro LMSC is that member emails are used solely by the staff and officers of the MLMSC to send membership related information and are never given to any third party or used for any other purpose, commercial or otherwise. Please help us serve you better by sending updates/changes to the MLMSC registrar. Help us protect the member email community by using effective anti-spam, anti-virus, anti-spyware and firewall on your computer.				
E-MAIL (Print Clearly)				

I **coach** Masters Swimming (required if applicable)

I am a certified USMS **official**

Authorization

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 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 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:** _____

On rare occasions, USMS may need to inform me of an important issue, check here to opt out.

A USMS sponsor may wish to offer you information emailed from the USMS National Office, check here to opt out (**Email addresses are not supplied to the sponsor.**)

Annual Dues (November 1, 2008 – December 31, 2009)	<u>38.00</u>
Donation to US Masters Swimming Foundation / Legacy Fund (any amount)	_____
Donation to International Swimming Hall of Fame (any amount)	_____
Total enclosed (check or money order only)	_____

Make check payable to: METROPOLITAN LMSC
Mail to: Maria D. Anderson, Registrar
 Metropolitan LMSC
Please use regular mail. 201 Chestnut St.
 Port Jefferson, NY 11777

PLEASE ALLOW 2 WEEKS FOR PROCESSING
 Please direct all **registration** inquiries and correspondence to metroswim@gmail.com.
 General information is available at www.metroswim.org, or email MetroChair@USMS.org.