



# U. S. Masters Swimming 2011 Metropolitan LMSC Swimmer Registration Form



RENEWAL - My last USMS number was: \_\_\_\_\_ - \_\_\_\_\_

I am a NEW Registrant

*This box for office use only*

Check or Money Order Number _____	Date Entered ____/____/____	Assigned 2011 USMS Registration Number # 0 6 1 _____
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**Register with the same name you will use for competition. Please print clearly. A legible email address is important since email is our primary form of communication. All information fields must be filled in. Incomplete or illegible forms can not be processed.**

LAST Name		FIRST Name		Middle Initial	
Street Address (include apartment, suite or floor number if applicable)					
City		State		Zip	
Preferred Phone (include area code) (____) _____ - _____		Date of Birth m / m / d d / y y y y ____/____/____		Gender (circle one) Male    Female	
Club Code (see page 2 for club code listing) <b>R E D T</b>		E-Mail Address (print clearly):			

**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.

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

Check all that apply:  I am a USMS swim coach     I am a USA-Swimming certified official

I am a member of:  American Swimming Coaches Association     USA-Swimming     USA-Triathlon

USMS-registered members are covered with secondary accident insurance in practices supervised by a USMS member or USA-Swimming certified coach wherein all swimmers are USMS registered, and in USMS-sanctioned events wherein all competitors are USMS registered. Benefits of USMS membership include a subscription to USMS SWIMMER magazine for the duration of current membership year.

**\$45.00** total 2011 registration fee if paid between November 1, 2010 and August 31, 2011, plus any additional donations indicated below. 2011 USMS registration is valid to December 31, 2011.

- I wish to contribute \$1.00 or \$ \_\_\_\_\_ (indicate amount) for the Metropolitan Local Masters Swimming Committee
- I wish to contribute \$1.00 or \$ \_\_\_\_\_ (indicate amount) for the U. S. Masters Swimming Endowment Fund
- I wish to contribute \$1.00 or \$ \_\_\_\_\_ (indicate amount) for the International Swimming Hall of Fame Foundation

**\$45.00 registration fee plus indicated donation(s) payable via check or money order to METROPOLITAN LMSC. Mail payment with fully executed form to: Mary Fleckenstein, 99 Sheep Pasture Road, Port Jefferson, NY 11777. Allow two (2) weeks processing time. Direct all registration inquiries to [metroreg@gmail.com](mailto:metroreg@gmail.com). General registration information is available online at [www.metroswim.org](http://www.metroswim.org).**