

KENTUCKY MASTERS SWIMMING UNITED STATES MASTERS SWIMMING One-Year Membership Application

Register with the same name you will use in competition.

Please print clearly and LEGIBLY!

<input type="checkbox"/> I was a U.S. Masters Swimming member before 2010			
Last Name _____	First Name _____	Middle Initial _____	
If you have registered with USMS before using another name, indicate that name here _____			
Street Address _____			
City _____	State _____	ZIP _____	Phone _____ <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> business
Date of Birth _____	Current Age _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email (used for future mailings from Kentucky LMSC) _____			
<input type="checkbox"/> I <u>do not</u> want to receive emails from U.S. Masters Swimming to inform me of important issues.			
<input type="checkbox"/> I <u>do not</u> want to receive emails from U.S. Masters Swimming sponsors.			
<input type="checkbox"/> I am a certified coach <input type="checkbox"/> I am a certified official I am a member of <input type="checkbox"/> YMCA <input type="checkbox"/> USA Triathlon <input type="checkbox"/> USA Swimming			
Swim Kentucky (SKY) Teams			<input type="checkbox"/> Unattached
<input type="checkbox"/> Ashland YMCA Masters Swimming (AYMS), Ashland	<input type="checkbox"/> Baptist East Swim Team (BEST), Louisville		
<input type="checkbox"/> Lakeside Masters (LAKE), Louisville	<input type="checkbox"/> Lake Cumberland Masters Swimming (LCMS), Somerset		
<input type="checkbox"/> Swim Louisville Masters (SLM), Louisville	<input type="checkbox"/> Western Kentucky Green Gators (WKGG), Bowling Green		
<input type="checkbox"/> Wildcat Masters (WILD), Lexington	<input type="checkbox"/> Independent		

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) Today's Date _____ (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.

Membership Fees	
One-Year Membership for 2010. Membership expires December 31, 2010. (U.S. Masters Swimming fee \$27.00. Kentucky Local Masters Swimming Committee fee \$10)	\$ 37.00
Tax Deductible Donation <input type="checkbox"/> International Swimming Hall of Fame Foundation	\$
<input type="checkbox"/> United States Masters Swimming Foundation	\$
Total Amount	\$
Paid with: <input type="checkbox"/> Check # <input type="checkbox"/> Money Order <input type="checkbox"/> Cash Make check or money order payable to Kentucky Masters Swimming. Total fee must be paid. (Checks returned for insufficient funds will be assessed a penalty fee of \$30.)	

Benefits of Membership

A subscription to the U.S. Masters Swimming magazine, *SWIMMER*, during the length of the membership year (\$8 of the annual dues is designated for the magazine subscription).

U.S. Masters Swimming registered swimmers are covered with secondary accident insurance in:

- Practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered.
- U.S. Masters Swimming sanctioned meets where all competitors are U.S. Masters Swimming registered.

<p>Mail payment and this form to:</p>	<p>Susan Ehringer KY-LMSC Registrar 4210 N. Church Way #2 Louisville, KY 40207</p>	<p>For registration questions: email kyregistrar@usms.org phone (812) 989-9927</p>
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- Membership cards will be mailed directly to unattached and Swim Kentucky independent members or distributed by coaches or team representatives of Swim Kentucky team members. Allow two weeks for processing of membership.
- Make several copies of your USMS card when you receive it, to use for meet entries. A copy of the card should be brought to all meets.