

**KENTUCKY MASTERS SWIMMING
UNITED STATES MASTERS SWIMMING
Swim Kentucky 30 Day Tryout Form**

For Office Use Only	
Received:	

Please print clearly and LEGIBLY!

Dates of 30 day tryout:	From		To	
Last Name		First Name		Initial
Street Address				
City		State		Zip
Home Phone		Work Phone		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Current Age		Date of Birth
Email (used to send registration form and reminder of expiration date)				
Team (Check one)	<input type="checkbox"/> Ashland YMCA Masters Swimming (AYMS), Ashland <input type="checkbox"/> Baptist East Swim Team (BEST), Louisville <input type="checkbox"/> Bellarmine University Masters Swimming (BUMS), Louisville <input type="checkbox"/> Colonel Aquatic Masters (COLA), Richmond <input type="checkbox"/> Eagle Masters Swimming (EMS), Morehead <input type="checkbox"/> Highbridge Aquatics Masters (HAM), Wilmore <input type="checkbox"/> Lake Cumberland Masters Swimming (LCMS), Somerset			
	<input type="checkbox"/> Lakeside Masters (LAKE), Louisville <input type="checkbox"/> Madisonville YMCA Masters (MYM), Madisonville <input type="checkbox"/> Paducah Area Masters Swimming (PAMS), Paducah <input type="checkbox"/> Riverside Aquatic Club Masters (RACM), Southern Indiana <input type="checkbox"/> Swim Louisville (SL), Louisville <input type="checkbox"/> Western Kentucky Green Gators (WKGG), Bowling Green area <input type="checkbox"/> Wildcat Masters (WILD), Lexington <input type="checkbox"/> Independent <input type="checkbox"/> Other _____			

30 Day Agreement

At or before the date ending your 30 Day Tryout, you must sign and complete a New Member Registration form to become a USMS Member. The form must be mailed with a check for membership dues to the Kentucky Registrar to receive your USMS Membership card and full membership benefits. After the 30 day tryout period if you do not wish to become a member, you will not be obligated to pay membership dues to USMS or to Kentucky Local Masters Swimming.

USMS WAIVER

Must be signed: I, the undersigned participant, intending to be legally bound, certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in Masters Swimming (training and competition) including possible permanent disability, 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, AS A CONDITION OF MY PARTICIPATION IN MASTERS SWIMMING. In addition, I agree to abide by and be governed by the rules of USMS.

Signature: _____
(Required)

Date: _____

Future Membership Benefits

One Year membership for is **\$35** if you join between November 1 and August 31. Late season membership is **\$30** if you join between September 1 and October 31.

Annual Membership includes a subscription to USMS Swimmer magazine through November/December 2007, eligibility to participate in USMS programs and periodic mailings from the Kentucky Local Masters Swimming Committee.

Members of United States Masters Swimming are covered with secondary accident insurance in practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered and in USMS sanctioned meets where all competitors are USMS registered.

Complete this form, sign the waiver and mail to the Kentucky Registrar:

Susan Ehringer
KY LMSC Registrar
1117 Dieterlen Rd.
Henryville, IN 47126

For registration questions contact Susan by e-mail: kyregistrar@usms.org or phone (502) 595-5090.
The USMS policy on the privacy of member information is at: www.usms.org/admin/privacy.shtml.