



**KENTUCKY MASTERS SWIMMING
UNITED STATES MASTERS SWIMMING
2009 One-Year Membership Application**

For Office Use Only	
Received:	
Sequence #:	
Member #:	

Register with the same name you will use in competition.

Please print clearly and LEGIBLY!

Membership	<input type="checkbox"/> New <input type="checkbox"/> Renewal (please print member number)		
First Name	Initial	Last Name	
If you have registered with USMS before using another name, indicate that name here			
Street Address			
City	State	Zip	
Home Phone	Other Phone	<input type="checkbox"/> cell <input type="checkbox"/> business <input type="checkbox"/> other	
Date of Birth	Current Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Club (Check one)			
<input type="checkbox"/> Swim Kentucky (SKY)	<input type="checkbox"/> Unattached	<input type="checkbox"/> _____ New Club, Club Registration form must be sent to USMS	
Local Team (Check one if a Swim Kentucky member)			
<input type="checkbox"/> Ashland YMCA Masters Swimming (AYMS), Ashland, KY	<input type="checkbox"/> Riverside Aquatic Club Masters (RACM), Southern Indiana		
<input type="checkbox"/> Baptist East Swim Team (BEST), Louisville, KY	<input type="checkbox"/> Swim Louisville Masters (SLM), Louisville, KY		
<input type="checkbox"/> Lake Cumberland Masters Swimming (LCMS), Somerset, KY	<input type="checkbox"/> Western Kentucky Green Gators (WKG), Bowling Green, KY		
<input type="checkbox"/> Lakeside Masters (LAKE), Louisville, KY	<input type="checkbox"/> Wildcat Masters (WILD), Lexington, KY		
<input type="checkbox"/> Merciless Tuna (MTMS), Georgetown, KY	<input type="checkbox"/> Independent (not a member of a registered Kentucky team)		
<input type="checkbox"/> _____	New Team, Team Registration form must be sent to Pam Luebbe		
Email (used for future mailings from Kentucky LMSC)			
On rare occasions, USMS National Office may need to inform you of an important issue. I wish to receive them by email.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
A USMS sponsor may wish to offer you information through the USMS National Office. I wish to receive them by email.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The Kentucky LMSC, SKY and/or your team may need to send you information. I wish to receive them by email.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you coach Masters?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a certified official? <input type="checkbox"/> Yes <input type="checkbox"/> No Organization:	
Membership Fees			
<input type="checkbox"/> One-Year Membership for 2009 , if you join between 11/01/08 and 08/31/09.		\$35	
<input type="checkbox"/> Late-Season Membership for 2009 , if you join between 09/01/09 and 10/31/09. Only lasts until 12/31/09.		\$30	
Tax Deductible Donation	<input type="checkbox"/> International Swimming Hall of Fame	\$1 (or other amount) _____	\$
	<input type="checkbox"/> USMS Foundation	\$1 (or other amount) _____	\$
SKY Merchandise	<input type="checkbox"/> SKY T-shirt \$12.50 each (includes shipping) Size S M L	Quantity _____	\$
	<input type="checkbox"/> SKY Swim Cap \$5.00 each (includes shipping)	Quantity _____	\$
Paid with	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash	Total Amount	\$
Make check or money order payable to Kentucky Masters Swimming and mail, with this form, to:		Susan Ehringer KY-LMSC Registrar 4210 N. Church Way #2 Louisville, KY 40207	NOTE: <i>Checks returned for insufficient funds will be assessed a penalty fee of \$30.</i>
<ul style="list-style-type: none"> • For registration questions contact Susan by email: kyregistrar@usms.org or phone (502) 718-2942. • The USMS policy on the privacy of member information is at: www.usms.org/admin/privacy.shtml. • Your new USMS card will be mailed to your coach or team representative from the Registrar by the end of the month that it is received. If you register Unattached or Independent, the card will be mailed to you at the address you provided. • 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. • 2009 Membership includes: the benefit of training with our member clubs throughout the country requiring USMS membership, subscription to <u>USMS Swimmer</u> magazine through November/December 2009, eligibility to participate in Kentucky Local Masters (KY-LMSC) and USMS programs, information and advice from USMS and KY-LMSC to answer your swimming related questions or concerns, and periodic mailings from KY-LMSC. Of your membership fee \$25 is sent to USMS (\$8.00 of the annual dues is designated for the magazine subscription) and \$10 remains with KY-LMSC to support our programs • USMS Registered swimmers are covered with secondary accident insurance in: <ol style="list-style-type: none"> 1) Practices only when supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered. 2) USMS sanctioned meets where all competitors are USMS registered. 			
USMS WAIVER			
Must be signed: 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:** _____