

UNITED STATES MASTERS SWIMMING MEMBERSHIP APPLICATION

2008 - COLORADO MASTERS SWIMMING ASSOCIATION - COMSA

Individual Registration Form – **PRINT CLEARLY & COMPLETE ENTIRE FORM**

RENEWAL (previous Reg #) _____ - _____ NEW MEMBER, check here _____

NAME: Last _____ First _____ M.I. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

CONTACT Phone (_____) _____ - _____

BIRTHDATE (mm-dd-yy) _____ AGE _____ GENDER (M-F) _____

NATIONAL TEAM (CHECK ONE): Colorado Masters _____ Air Force Masters _____
Wyoming Masters _____ Unattached _____

E-MAIL _____ @ _____

On rare occasions, USMS may need to inform me of an important issue, I **DO / DO NOT** wish to receive them.
A USMS sponsor may wish to offer you information emailed from the USMS National Office, I **DO / DO NOT** wish to receive them. (Email addresses are not supplied to the sponsor.)

LOCAL WORKOUT GROUP _____

VOLUNTEER for COMSA Yes _____ Area of Interest _____

_____ I coach Masters Swimming

_____ I am a Swimming Official with _____

_____ I **DO NOT** want my newsletter mailed via US Postal Service (available on the **COMSA.org** web site.)

DONATIONS International Swimming Hall of Fame \$ 1.00 or \$ _____

USMS Foundation \$ 1.00 or \$ _____

Make Check payable to: **COMSA**

Mail to: PO Box 102167, Denver, CO 80250-2167

Dues: \$ **40.00**

Registrar: Marcia Anziano

Total Dues Plus Donations: \$ _____

Email marfer@att.net

Early Registration starts Nov 1 2007

Registration is valid through **12-31-2008**

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 of 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 THE 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.

Benefits of Membership include: A subscription to USMS's magazine, USMS SWIMMER, during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription), and periodic mailings from the Local Masters Swimming Committee.

USMS swimmers are covered with secondary accident insurance:

- 1) in practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered.
- 2) in USMS sanctioned meets where all competitors are USMS registered.

SIGN _____ DATE _____

Signature required