



2010 Membership Application

PRINT CLEARLY & COMPLETE ENTIRE FORM - USE SAME NAME AS USED IN COMPETITION

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

NAME: Last _____ First _____ M.I. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ - _____

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

NATIONAL CLUB (CHECK ONE):

Colorado Masters ___ Air Force Masters ___ Wyoming Masters ___ Cheyenne Mountain Aquatics ___
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 US Masters Swimming sponsor may wish to offer you information emailed from the US Masters Swimming National Office, I **DO / DO NOT** wish to receive them.

(Email addresses are not supplied to the sponsors; if you do not choose an option, the default is "I DO".)

LOCAL WORKOUT GROUP _____

I am a ___ Coach, ___ a Certified Official, a member of ___ YMCA Swimming, ___ USA Swimming, ___ USA Triathlon
___ I **DO NOT** want my **newsletter** mailed via US Postal Service (It is available on the www.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 marcia.anziano@gmail.com *Pay by Credit Card and Quicker turnaround if you sign up online:
www.comsa.org/joining/join-online.html

Early Registration starts Nov 1, 2009; Registration is valid through Dec 31, 2010

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 SWIMMER (\$8.00 of the annual dues is designated for the magazine subscription), periodic mailings from COMSA, insurance, and discounts on a variety of products and events.

US Masters Swimming provides registered swimmers with secondary accident insurance:

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

SIGNATURE (required) _____ **DATE** _____

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