



# 2012 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 \_\_\_ SQUID \_\_\_ 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 Master's Coach; \_\_\_ a Certified Official; \_\_\_ a member of YMCA Swimming; \_\_\_ a member of USA Swimming;  
\_\_\_ a member of USA Triathlon

DONATIONS Donation to COMSA \$ \_\_\_\_\_  
International Swimming Hall of Fame \$ \_\_\_\_\_  
USMS "Swimming Saves Lives" Fund \$ \_\_\_\_\_

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](mailto:marcia.anziano@gmail.com) \*Pay by Credit Card and Quicker turnaround if you sign up online:  
[www.comsa.org/joining/join-online.html](http://www.comsa.org/joining/join-online.html)

**Early Registration starts Nov 1, 2011; Registration is valid through Dec 31, 2012**

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."

Benefits of Membership include: A subscription to SWIMMER, (\$8 of annual dues is designated for magazine subscription), periodic mailings from COMSA, insurance, and discounts on a variety of products and events.

U.S. Masters Swimming provides registered swimmers with secondary accident insurance:

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

**SIGNATURE (required)** \_\_\_\_\_ **DATE** \_\_\_\_\_