2012 MEMBERSHIP APPLICATION

O*H*I*O MASTERS SWIM CLUB

Registrations are valid from 11/1/2011 thru 12/31/2012

On-Line registration is available as a simple and quick alternative to completing and mailing this form. Go to www.usms.org and click on "join/renew USMS". We are in the Lake Erie (LE) LMSC.

O*H*I*O Masters / Swim Group Affiliation:

____ Cleveland State U. ____ Kent State
____ Lakewood ____ Solon Stars
____ Liquid N'Durance ____ Akron Gen. Underwater Athletes
____ Orange Other _____

Membership 11/1/11 Thru 12/31/12:

Fee: $45.00

Full time students: $31.00*

Valid only if mailed in with copy of college ID

- I wish to contribute $ 1.00 (or $ _____) to the International Swimming Hall of Fame Foundation
- I wish to contribute $ 1.00 (or $ _____) to the USMS "Swimming Saves Lives" Fund

I have added these amounts to my registration fee.

Total Amount Enclosed: _____

Make checks payable to "Lake Erie LMSC" and send with this 2012 Application Form to:
Margaret Bayless 22149 Rye Road, Shaker Hts, OH 44122

NAME _____ SEX __ AGE _____
First Initial Last

ADDRESS _____ BIRTHDATE ___ / ___ / ____
mo / day / yr

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ BUSINESS PHONE (____) _____

E-Mail Address_____ (please print clearly)

RENEWAL____ MY CURRENT REGISTRATION NUMBER IS_____ OR NEW REGISTRATION____

Ambassador Club Membership:
Referring Member: _____ T-shirt size ☐ Small ☐ Medium ☐ Large

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 ACTIVITES. In addition, I agree to abide by and be governed by the rules of USMS.

Signature _____ Date_____

I coach Masters swimmers ☐

($8.00 of the annual dues is designated for the magazine subscription)