



2012 Membership Application

All memberships expire on December 31, 2012

Renewal – my last USMS number was _____
 New registration



Register with the same name you will use for competition. Please print clearly.

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex (circle) M F	E-mail address	
Club or Unattached	Club: Chapter:	Georgia Masters (GAJA) 452-004 Golden Isles Swim Team (GIST)		Today's Date (required)

RELATED MEMBERSHIPS & CERTIFICATIONS

I am a: Masters Coach
 Certified Official

I am a member of: YMCA
 USA Triathlon
 USA Swimming

	FULL-YEAR FEES (if joining between Nov. 1, 2011, and Aug. 31, 2012):	END-OF-YEAR FEES (if joining between Sep. 1, 2012, and Oct. 31, 2012):
US Masters Swimming Fee:	\$31.00	\$26.00
LMSC (local governing body) Fee:	\$11.00	\$ 6.00
I wish to contribute this amount to the International Swimming Hall of Fame Foundation:		
I wish to contribute this amount to the USMS "Swimming Saves Lives" Fund:		
Total:	\$42.00	\$32.00

Benefits of Membership include a subscription to USMS's magazine, *SWIMMER*, during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription).

USMS Registered 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.

Please allow 2 weeks processing time.

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.

Signature (required): _____ Date _____

Please make check for total fee plus any donation amounts payable to: **GEORGIA LMSC**

Mail check and completed form to: **Bill Lotz** (Georgia Masters Registrar)
2734 Peachtree Rd NW Apt C302
Atlanta GA 30305-2944
 (404) 261-1906