



AZLMSC (Arizona Local Masters Swim Committee)
2014 Membership Application
All 2014 memberships expire on December 31, 2014



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 | | | | Today's Date (required) |
| If your club is Arizona Masters, please enter your workout group if applicable | | | | |

RELATED MEMBERSHIPS & CERTIFICATIONS

I am a: Masters Coach Certified Official

| | FULL-YEAR FEES (if joining between Nov. 1, 2013, and Aug. 31, 2014): | END-OF-YEAR FEES (if joining between Sep. 1, 2014, and Oct. 31, 2014): |
|--|---|---|
| US Masters Swimming full-year fee (\$35) or end-of-year fee (\$30) plus LMSC (local governing body) fee (\$xx.xx): | \$ 48.00 | \$ 33.00 |
| If you selected Arizona Masters as your club Arizona Masters Swim Club Fee | \$ 2.00 | \$ 2.00 |
| 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: | | |
| I wish to contribute this amount to my LMSC: | | |
| Recognized Masters Coach designation (optional; \$30; see usms.org for details): | | |
| Total: | | |

Benefits of Membership include a subscription to USMS's magazine, *SWIMMER*, during the length of the membership year.

USMS Registered swimmers are covered with secondary accident insurance:

- 1) in practices supervised by a USMS member 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: AZLMSC
Mail check and completed form to: Katy James Registrar 723 East Diamond Dr Tempe AZ 85283

Any questions on how to register, please call Katy @ 480-897-6411 or email katyjamesswims@gmail.com