



2010 USMS Membership Application

For registration period November 1, 2009, to December 31, 2010

If possible, please register online at: www.MOVYmasters.org

Missouri Valley Masters Swimming is a Local Masters Swimming Committee (LMSC) of U. S. Masters Swimming (USMS). We encompass the state of Kansas and the western half of Missouri, including Kirksville, Columbia, and Springfield. USMS is open to all swimmers, both fitness and competitive, ages 18 and older.

Your USMS membership includes a year's subscription to **USMS SWIMMER** magazine, and the opportunity to compete in swim meets, open water swims, postal meets, and national and international meets. (\$8.00 of your fee is designated for the magazine subscription.)

USMS membership also includes secondary accident insurance in: (1) practices supervised by a USMS member or a USA Swimming certified coach, where all swimmers are USMS registered; and (2) all USMS-sanctioned and recognized events.

***YOUR NAME:** Register with the SAME NAME you will use for competition. For example, if you plan to enter meets as **Bob Smith, don't register as Robert L. Smith – register as Bob Smith!**

****CLUB:** We all belong to one club, **MOVY**, so that we can swim on legal relay teams together at meets. There is **NO** advantage to registering unattached!

Last Name*		First Name*		MI (optional)
Street Address			Club <input type="checkbox"/> MOVY**	<input type="checkbox"/> Unattached
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex (circle) M F	E-mail address	
Workout group or location				

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 (required): _____ **Date:** _____

Use of Image/Likeness: I grant permission to U.S. Masters Swimming and its affiliates to use my likeness and/or image in photographs, video, motion pictures, recordings, or any other record for legitimate purpose.

FEE: If today's date is between **November 1, 2009, and August 31, 2010** **\$35.00**
 If today's date is between **September 1, 2010, and October 31, 2010** **\$22.00**

ALL 2010 memberships expire on December 31, 2010

_____ I wish to contribute \$1.00 (or \$_____) to the United States Masters Swimming Foundation. I have added this amount to my 2010 registration fees.

_____ I wish to contribute \$1.00 (or \$_____) to the International Swimming Hall of Fame Foundation. I have added this amount to my 2010 registration fees.

_____ I coach Masters swimmers.

Mail to: Laurie Reaburn, Registrar 11617 Bond St. Overland Park, KS 66210-3873	
Phone: 913-217-7384 E-mail: MOVYregistrar@usms.org	

Make check payable to: Missouri Valley Masters Swimming