



2009 USMS Membership Application

For registration period November 1, 2008, to December 31, 2009

Missouri Valley Masters Swimming

is a Local Masters Swimming Committee (LMSC) of United States 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. Those wishing to gauge their progress and enjoy the camaraderie of Masters swim meets compete in five-year age/sex divisions starting with 18-24 and continuing through 100+.

Your USMS membership includes a year's subscription to *USMS SWIMMER* magazine; a subscription to the Missouri Valley LMSC newsletter, *swimtalk*; 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.

ALL 2009 memberships expire on December 31, 2009.

***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		Check one: E-mailed/online newsletter <input type="checkbox"/> Paper/mailed newsletter <input type="checkbox"/>		

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:** _____

FEE: If today's date is between **November 1, 2008, and August 31, 2009** **\$35.00**
 If today's date is between **September 1, 2009, and October 31, 2009** **\$20.00**

_____ I wish to contribute \$1.00 (or \$ _____) to the United States Masters Swimming Foundation. I have added this amount to my 2009 registration fees.

_____ I wish to contribute \$1.00 (or \$ _____) to the International Swimming Hall of Fame Foundation. I have added this amount to my 2009 registration fees.

_____ I coach Masters swimmers.

--On rare occasions, USMS may need to inform me of an important issue. I **DO / DO NOT** (circle one) wish to receive such notifications.

--A USMS sponsor may wish to offer you information e-mailed from the USMS National Office. I **DO / DO NOT** (circle one) wish to receive them. (*Email addresses are not supplied to the sponsor.*)

<p>Mail to: Anna Lea Roof, Registrar 6916 W. 100th Ter. Overland Park, KS 66212-1635</p> <p>Phone: 913-642-5484 E-mail: MOVYregistrar@usms.org</p>

Make check payable to: **Missouri Valley Masters Swimming**