

**UNITED STATES MASTERS SWIMMING (USMS)**  
Membership Application for November 30, 2005 through December 31, 2006

The 2006 Masters Membership Fee is \$25.00 of which \$12.00 pays for a registration with the USMS National Association, \$8.00 pays for a subscription to "USMS Swimming" (a bimonthly magazine), and \$5.00 pays for dues to the Ozark Local Masters Swimming Committee (LMSC) in the Breadbasket Zone of USMS. For insurance purposes, USMS membership is required for participation in any USMS Masters function (meets, practices, etc.). (See <http://www.usms.org/> and for more information).

| <b>2006 USMS Membership Application</b>  |            |   |   |            |
|--|------------|---|---|------------|
| Register with same name as you would use for competition. Please print clearly.  |            |   |   |            |
| Last Name  | First Name | Middle Initial  | Office Use only:                        |            |
| Street   |            |   | Apartment                               |            |
| City   | State      | Zip   | Home Phone                              | Work Phone |
| Date of Birth:   | Age:       | Sex:  | Today's Date:<br>Mo.      Day      Year |            |
| Club (you will be registered as "unattached")<br>UNATTACHED  |            | Email Address   |   |            |
| <b>Fees: USMS Fee: \$12.00</b><br><b>Magazine: \$ 8.00</b><br><b>Ozark Fee: \$ 5.00</b><br><b>Total Fee: \$25.00</b>   |            | Renewal? Y/N<br><input type="checkbox"/> Name Change: Old Name: |   |            |
| Voluntary Contributions: USMS Foundation \$ _____ Swimming Hall of Fame Foundation \$ _____  |            |   |   |            |
| 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. |            |   |   |            |
| Applicant Signature _____  |            |   |   | Date _____ |

**PROCESS:** Make checks payable to United States Masters Swimming (or USMS) for \$25 plus any voluntary contributions. Send SIGNED completed applications above (both) with check and Self-Addressed Stamped Envelop (SASE) to Gussie Crawford, Ozark Membership Chairman, at 900 Weidman Road, St. Louis, MO 63017-8443. You will receive your membership card by mail with your SASE. Applications without signatures or SASE's will be returned for completion.