

United States Masters Swimming New Jersey LMSC 2012 Membership Application

Last Name		First Name			MI		
Mailing Address							
City			State	Zip+4			
Home Phone Number		E-Mail Address: Required for FastLane Notification					
Work Phone Number		Date of Birth:	Month	Day	Year	Age	Sex
Club Affiliation(circle one): UNAT(default) BERK - Berkeley Aquatic Masters BRG - Bridgewater JCC DRMS - Ranger Aquatic Masters GSM - Garden State Masters HOBO - Hoboken Masters JAM - Jersey Area Multisport RBAY - Raritan Bay Area YMCA			Workout Group Affiliation(or Swim Location):				
Check if you are a swim coach			Check to NOT receive USMS National Office info alerts				
Check if you are a swim official; Organization =			Check to NOT receive USMS Sponsor EMail from National Office Note: Sponsors do NOT receive member EMail addresses				

Note: if unsure of your workout group, after referring to NJ's [workout group list](#), enter your usual practice location.

Note: Birth date and Waiver Signature are REQUIRED for registration.

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 and NJ-LMSC. 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.

Signature: _____ **Date (mm/dd/ccyy):** ____/____/____

Registration and benefits of membership from this application will expire on December 31, 2012.

Benefits of membership include: A subscription to **USMS SWIMMER** Magazine and **The Fast Lane** (newsletter) during the length of the membership year.

USMS Registered swimmers are covered with secondary accident insurance:

- 1) In practices supervised by a USMS member or USS certified coach where all swimmers are USMS registered.
- 2) In USMS sanctioned meets where all competitors are USMS registered.

USMS (\$31.00) + NJ-LMSC (\$10.00) 2012 Registration Fee: \$41.00 (\$34.00 [USMS (\$26) + NJ-LMSC (\$8)] after 8/31/2012) Enter amount=>	
I wish to contribute \$1.00 (or \$ _____) to the USMS "Swimming Saves Lives" Fund I have added this amount to my registration fee	
I wish to contribute \$1.00 (or \$ _____) to the International Swimming Hall of Fame Foundation. I have added this amount to my registration fee	
I wish to contribute \$1.00 (or \$ _____) to NJ-LMSC. I have added this amount to my registration fee	
Add \$18 (\$9 after 8/31/2012) to registration fee to provide hard copy mailing of the newsletter	
Total Amount Enclosed	

Submit this form, along with a check for **Total Amount**, including all additional fees. Make payable to **NJ-LMSC**.

Mail to: **Tom Brunson, 11 Garret Drive, West Paterson, NJ 07424-2767**