

United States Masters Swimming New Jersey LMSC 2009 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: UNAT(default) GSM - Garden State Masters BERK - Berkeley Aquatic MOCY - Ocean County Y Masters		JAM - Jersey Area Masters DRMS - Drew Univ STVN - Stevens Inst		Workout Group Affiliation(or Swim Location):		
<input type="checkbox"/> Check if you are a swim coach		<input type="checkbox"/> Check to NOT receive USMS National Office info alerts				
<input type="checkbox"/> Check if you are a swim official; Organization =		<input type="checkbox"/> 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.

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

Registration and benefits of membership from this application will expire on December 31, 2009.

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 + NJ-LMSC 2009 Registration Fee: \$35.00 (\$30.00 after 8/31/2009)	
Enter amount=>	
I wish to contribute \$1.00 (or \$ _____) to the United States Masters Swimming Foundation. 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 8/31/2009) 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**