

2012 MEMBERSHIP APPLICATION

ALL MEMBERSHIPS EXPIRE ON DECEMBER 31, 2012



Renewal – my last USMS number was _____

New registration

I do not have access to a computer/email.



You can register online at:
<http://www.usms.org/reg/>

Register with the same name you will use for competition. Please print clearly.

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex (circle) M F	E-mail address	

RELATED MEMBERSHIPS & CERTIFICATIONS

I am a: Masters Coach
 Certified Official

I am a member of: YMCA
 USA Triathlon
 USA Swimming

Today's Date (required) _____

Please circle **both** the Club and the Workout Group you plan to swim with:

Oregon Masters (OREG): <input type="checkbox"/> AST: Allstar Triathlon Club <input type="checkbox"/> AQDK Aquaducks Masters <input type="checkbox"/> BASS: Baker Area Seasoned Swimmers <input type="checkbox"/> BCAC: NW Blue Crush Aquatic Club <input type="checkbox"/> BRSC Bearcat Swim Club <input type="checkbox"/> COMA: Central Oregon Masters Aquatics <input type="checkbox"/> CBAT: Circumnavigating Beavers Aquatic Team <input type="checkbox"/> CGM: Columbia Gorge Masters <input type="checkbox"/> CAT: Corvallis Aquatic Team Masters <input type="checkbox"/> EA: Emerald Aquatics <input type="checkbox"/> KAM: Salem Kroc Masters <input type="checkbox"/> KBM: Klamath Basin Masters <input type="checkbox"/> LGMS: La Grande Masters Swimming			<input type="checkbox"/> LOM: Lake Oswego Masters <input type="checkbox"/> MAC: Multnomah Athletic Club Masters <input type="checkbox"/> NCMS: North Clackamas Masters Swimming <input type="checkbox"/> OCT: Oregon City Tankers <input type="checkbox"/> OPEN: Oregon Pool-Less Elite Narwals <input type="checkbox"/> ORM: Oregon Reign Masters <input type="checkbox"/> PEND: Pendleton Masters Swim Club <input type="checkbox"/> PCCM: Portland Community College Masters <input type="checkbox"/> PSM: Portland State Masters <input type="checkbox"/> RVM: Rogue Valley Masters <input type="checkbox"/> SLSA: South Lane Swimmers Association <input type="checkbox"/> SYD: Sherwood YMCA Dragons <input type="checkbox"/> THB: Tualatin Hills Barracudas <input type="checkbox"/> WVAC: Willamette Valley Aquatic Club			University of Oregon Swim Club (DUCK): <input type="checkbox"/> DUCK: University of Oregon Swim Club		
			Southwest Washington Masters Swimming (SWMS): <input type="checkbox"/> LSWM: LaCamas Southwest Washington Masters Swimming <input type="checkbox"/> SWMS: Southwest Washington Masters Swimming <input type="checkbox"/> TOR: Tornadoes Masters <input type="checkbox"/> VSC: Vancouver Swim Club					
			Team Club Sport Oregon (TCSO): <input type="checkbox"/> TCSO: Team Club Sport Oregon					
<input type="checkbox"/> I am not joining a Club and will be swimming Unattached (I realize I cannot swim on Relays)								

Full Year Registration Nov. 1, 2011 – Dec. 31, 2012:	Age 25–74 Years Old	Age 18–24 and 75+ Years Old
USMS full-year fee (\$31):	\$31	\$31
plus OMS LMSC (local governing body) fee (\$9):	\$9	\$0 <i>(OMS LMSC fee waived)</i>
plus DUCK, OREG, SWMS Club fee (\$5) (if applicable):	\$5	\$5
I wish to contribute this amount to the International Swimming Hall of Fame Foundation:		
I wish to contribute this amount to the USMS "Swimming Saves Lives" Fund:		
I wish to contribute this amount to Oregon Masters Swimming:		
Total:		

Benefits of Membership include a subscription to USMS's magazine, *SWIMMER*, during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription).

USMS Registered swimmers are covered with secondary accident insurance:

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

Please allow 2 weeks processing time.

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** _____

Please make check for total fee plus any donation amounts payable to: Oregon Masters Swimming

Mail check and completed form to: Susie Young, OMS Registrar, 14565 NW Salvia Ct., Portland, OR 97229

Questions? Contact Susie at swim.pdx@gmail.com

