2011 ONE EVENT REGISTRATION FORM

Hawaii Masters Swimming Association

U.S. MASTERS SWIMMING

www.usms.org

2011 ONE EVENT MEMBERSHIP APPLICATION

Register with same name you will use for competition. Print clearly.

Last Name	First Name	Init	For Office Use
Street		Apt	
City	State	Zip	Phone No.
Date of Birth MM/DD/YY	Age	Sex	Today's Date MM/DD/YY

USMS Fee: $ 12.00

LMSC Fee: $ 3.00

TOTAL FEE $ 15.00

Make check payable to:
HAWAII MASTERS SWIMMING ASSOCIATION
www.hawaiimastersswim.org

Meet Director:
Send form & payment to:
Toni Sinnott, LMSC Registrar
321 Pukalani St.
Makawao, HI 96768

OEVT - One Event Membership Event Date:

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 _____ email _____

PLEASE NOTE: Send this form and your payment in with your meet/swim entry form.
Meet/Swim Director will forward to USMS registrar

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