



HAWAII MASTERS SWIMMING ASSN. 2010 Membership Application



- Renewal – my last USMS number was _____
 New registration

To register online, go to:
www.usms.org/reg

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

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Island <input type="checkbox"/> Oahu <input type="checkbox"/> Hawaii <input type="checkbox"/> Maui <input type="checkbox"/> Kauai <input type="checkbox"/> Mainland				
Date of Birth (mm/dd/yy)	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	E-mail address	
Club or Unattached			Today's Date (required)	

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): _____

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.

- I wish to contribute \$1.00 (or \$ _____) to the International Swimming Hall of Fame Foundation. I have added this amount to my 2010 registration fees.
- I wish to contribute \$1.00 (or \$ _____) to the United States Masters Swimming Foundation. I have added this amount to my 2010 registration fees.
- I wish to contribute \$1.00 (or \$ _____) to my LMSC

2010 Yearly Fees & effective dates 11/1/09 to 12/31/10		Fees with End of 2010 Discount effective 9/1/10 to 12/31/10	
USMS fee	\$27.00	USMS fee	\$ 22.00
Local fee	\$13.00	Local fee	\$ 8.00
Total Fee	\$40.00	Total Fee	\$30.00

I am a Coach Certified Official _____
 Please list Official Registering body & Certs

I am a member of YMCA, USA Triathlon, USA Swimming

I swim mostly Pools Ocean Workouts Alone

What service from USMS/HMSA do you/would you like most

Total fee must be paid. Membership expires December 31st, 2010

Benefits of Membership include: A subscription to USMS's magazine during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription). **Membership expires 12/31/10.**

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.

**Make check payable to:
 HAWAII MASTERS SWIMMING ASSN.**

**Mail to: Toni Sinnott
 321 Pukalani St.
 Makawao, HI 96768**

**For questions, contact:
tonisinnott@aol.com
 (808) 298-3269
 Do not use after 10/31/10**