



# 2012 Membership Application

All memberships expire on Dec. 31, 2012  
 Preferred registration online →



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

New registration  Renewal—my last USMS number was \_\_\_\_\_  You must check the box at right to receive a card in the mail. You can always print a color copy from your computer.

Last Name		First Name		MI
Street Address				
City/State/Zip			<input type="checkbox"/> Oahu <input type="checkbox"/> Hawaii <input type="checkbox"/> Maui <input type="checkbox"/> Kauai <input type="checkbox"/> Mainland	Phone
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)	

## RELATED MEMBERSHIPS & CERTIFICATIONS

I am a:  Masters Coach  Certified Official  USMS  USA-S  YMCA  Other \_\_\_\_\_

I am a member of:  YMCA  USA Triathlon  USA Swimming

	FULL-YEAR FEES: join between Nov 1, 2010, and Aug 31, 2011	PART-YEAR FEES: join between Sep 1 & Oct 31 2011
US Masters Swimming full-year fee:	\$ 31.00	\$ 26.00
LMSC (local governing body- <a href="#">Hawaii Masters Swim Assn</a> ) fee:	\$ 9.00	\$ 4.00
Subtotal:	<b>\$ 40.00</b>	<b>\$ 30.00</b>
I wish to contribute this amount(s) to the...		
International Swimming Hall of Fame Foundation:		
US Masters Swimming Foundation:		
my LMSC (Hawaii Masters Swim Association):		
<b>Total:</b>		

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: **HAWAII MASTERS SWIMMING ASSN**

Mail check and completed form to:  
**Mail to: Toni Sinnott**  
**321 Pukalani St.**  
**Makawao, HI 96768**

**For questions, contact:**  
[tonisinnott@aol.com](mailto:tonisinnott@aol.com)  
**(808) 298-3269**  
**Do not use after 10/31/12**