

2008 Florida Gold Coast Masters Swimming Membership Application

Please Print Clearly

Your name on this form and on meet entry forms must be identical

Last Name	First Name	M.I.	Home Phone No.
Mailing Address			Daytime Phone No.
City	State	Zip	Today's Date - Month-Day-Year
Date of Birth (MM/DD/YYYY)	Age	Sex	CLUB FLA Masters (FLAQ)
E-mail Address			
<p>"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."</p>			
Signature (required)			I am a Masters Coach
YOU MUST PAY A FEE OF \$ 40 Make check payable to: Fort Lauderdale Aquatics Registration Nov 1 - 12/31/2008	MAIL CHECK TO: Barbara Dillon 501 Seabreeze Blvd. Fort Lauderdale, FL 33316	I wish to contribute \$1 (or \$____) to the United States Masters Swimming Foundation. I have added this amount to my Registration fees.	I wish to contribute \$1 (or \$____) to the International Swimming Hall of Fame Foundation. I have added this amount to my Registration fees.
Benefits of Membership include: A subscription to USMS's magazine, <i>USMS SWIMMER</i> , during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription), and periodic mailings from the Local Masters Swimming Committee.			

On-Line Registration Authorization:

I authorize Fort Lauderdale Aquatics (FLA), FLA Masters, its registered agent(s) and/or employee(s) to register my membership with United States Masters Swimming (USMS) using the USMS On-Line registration system. I understand that the confirmation I receive from USMS may not display my personal payment information. The payment information displayed may be in the name of the club, FLA Masters, FLA, Fort Lauderdale Aquatics, or one of its agent(s) and/or employee(s).

Signature _____

Date _____