



# Visiting Masters Swimmer Form

All visiting USMS swimmers are welcome to train with the Fort Lauderdale Aquatics Masters Team. On deck coached workouts are Monday-Friday, 6-7am, 7-8am, Noon-1pm and 6:15-7:15pm and Saturday, 7-8am and 9-10am

**Every visiting swimmer must provide current proof of USMS membership or submit a new membership form and payment before being allowed to train with FLA. Please, no exceptions.**

Please circle preferred rate below:

TRAINING GROUP	DAILY	WEEKLY	MONTHLY
FLA Masters	\$10	\$50	\$150

**Please complete the following information, including signature, and return with your payment on or before the first day of practice:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NUMBER OF SESSIONS/DATES WITH FLA: \_\_\_\_\_

***Permission to Participate and Liability Release***

I, \_\_\_\_\_, the above listed applicant and/or the parent/guardian of the above listed child(ren) and family members, agree to participate and/or agree to allow my child(ren) and family members to participate with Fort Lauderdale Aquatics (FLA), and hereby release FLA, the coaches and the staff of FLA, United States Swimming, United States Masters Swimming, Florida Gold Coast Swimming, the City of Fort Lauderdale and the Fort Lauderdale Aquatic Complex and it's staff, their agents and employees from any injury that may occur to myself, my child(ren) or family members while participating in the programs of FLA, including travel to and from training sessions, scheduled activities, and swimming meets. I hereby agree that I, my child(ren), or family members may travel with the team coaches , staff, or any other person who provides transportation to or from such events or practices. I agree to indemnify and hold harmless the above mentioned, their agents and employees against any and all liability from personal injury, including injuries resulting in death, or damage to property, or both while I, my child(ren), or family members are participating in the program. I agree to reimburse the above parties for any damages they are compelled to pay from any such claims, demand, action or cause of action by myself, my child(ren) or family members.

\_\_\_\_\_  
*Signature of Adult Applicant or Parent/Guardian of minor child/children*

\_\_\_\_\_  
*Date*

**Please visit our website at [www.FLAswim.com](http://www.FLAswim.com) or call 954 468-5590 for more information**



## Method of Payment Form

For your convenience we gladly accept the following forms of payment:  
Cash, Check, Visa, Mastercard, Discover or American Express.

Please complete the necessary information below and circle one of the payment options:

- Name of Program/Event: \_\_\_\_\_
- I have enclosed cash in the amount of: \$ \_\_\_\_\_
- I have enclosed a Check payable to FLA in the amount of: \$ \_\_\_\_\_
- I would like to charge my credit card in the amount of: \$ \_\_\_\_\_

Visa \_\_\_\_ Mastercard \_\_\_\_ Discover \_\_\_\_ American Express \_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

VCode: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on card (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_