



Masters Swimming
Application for Membership
Permission to Participate and Liability Release

_____ Date

Applicant's Name

Profession

Home Address

Business Address

City State Zip

City State Zip

(_____) _____
Home Phone

Business Phone Cell Phone

Applicant's Date of Birth

Email Address (please print clearly)

If you are transferring from another United States Masters Swimming (USMS) team, please list team name and the last date you competed for that team.

Former USMS Team: _____ Last date competed: _____

How did you learn about FLA Masters? Current Member (if so who? _____)

Website Flyer Yellow Pages Newspaper Pool Staff

Auto Pay Program? No Yes (Debit or Credit Card # _____)

Permission to Participate and Liability Release:

I, _____, the above listed applicant, agree and hereby release FLA, the coaches and staff of FLA, United States Swimming, USMS, Florida Gold Coast LMSC, the City of Fort Lauderdale, and the Fort Lauderdale Aquatic Complex and its 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 Fort Lauderdale Aquatics. This includes travel to and from training sessions, scheduled activities, and swim meets. I hereby agree that I my child(ren) and/or family members may travel with team coaches, staff and any other person that provides transportation to or from such events or training sessions. 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 of property, or both while I, my children, or family members are participating in the program. I agree to reimburse the above parties for any damages they are compelled to pay arising from any such claims, demand, action or cause of action by myself, my children or family members.

Signature of Applicant

Date

Primary Group (Circle One):	6AM	7AM	NOON	6:15PM	
Tee Shirt Size (Circle one):	S	M	L	XL	XXL
Annual Fee: \$60	US Masters Swimming Registration: \$40				
Monthly Dues: (Circle One):	Unlimited: \$85		or 3x/week: \$65		
Paid: \$ _____	Date: _____	Method of Payment: _____	Escrow Acct: _____		