



The Battle Creek YMCA

MASTERS SWIM TEAM

Practices start November 2

25 Yard Pool

Tuesdays and Thursdays

6:30-7:30am AND 6:00-7:00pm

Practices are **Free to members!**



Come train with the Masters Team!
Contact Kimberly Akins at 963-9622 ext. 126
(registration form on reverse side)

MICHIGAN
Register Online at: www.usms.org/reg/



2010 Membership Application

Renewal; my last USMS number was -

New registration

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

Last Name		First Name		MI
Street Address				
City/State/Zip			Phone	
Date of Birth (mm/dd/yy)	Age	Sex (circle) M F	E-mail address	
Club or Unattached Michigan Masters		Workout Group or Unaffiliated Battle Creek Y Masters		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 Michigan Masters Education Endowment Foundation.

I wish to contribute \$1.00 (or \$ _____) to Michigan LMSC.

I wish to contribute \$1.00 (or \$ _____) to the International Swimming Hall of Fame Foundation.

I wish to contribute \$1.00 (or \$ _____) to the United States Master Swimming Foundation.

Total 2010 Registration Fee is \$37 (\$27 USMS, \$10 LMSC) plus any additional donations listed above if paid between Nov 1, 2009 and August 31, 2010. If paid between September 1st 2010 and October 31st 2010, the fee is reduced to \$32 (\$22 USMS, \$10 LMSC). **Membership expires December 31, 2010.**

I am a Coach, Certified Official, or a member of YMCA, USA Triathlon, USA Swimming.

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 make check for total fee plus any donation amounts payable to: **Michigan LMSC**

Mail check and completed form to: **Ken Cooper | 3876 140th Ave | Holland, MI 49424-9454**

Register Online at: www.usms.org/reg/