



HAWAII MASTERS SWIMMING ASSN. 2008 Membership Application

___ Renewal – my last USMS number was _____
 ___ New registration

Register with the same name you will use for competition. 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			Today's Date	

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 ACTIVITES. In addition, I agree to abide by and be governed by the rules of USMS.

Signature (required): _____

_____ I wish to contribute \$1.00 (or \$ _____) to the International Swimming Hall of Fame Foundation. I have added this amount to my 2008 registration fees.

_____ I wish to contribute \$1.00 (or \$ _____) to the United States Masters Swimming Foundation. I have added this amount to my 2008 registration fees.

_____ I coach Masters swimmers.

Fees when registering between 11/1/07 to 8/31/08		Fees when registering between 9/1/08 to 10/31/08	
USMS fee	\$25.00	USMS fee	\$20.00
Local fee	\$10.00	Local fee	\$ 10.00
Total Fee	\$35.00	Total Fee	\$30.00

Benefits of Membership include: A subscription to USMS's magazine during the length of the membership year (\$8.00 of the annual dues is designated for the magazine subscription). **Membership expires 12/31/08.**

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.

**Make check payable to:
 HAWAII MASTERS SWIMMING ASSN.**

**Mail to: Toni Sinnott
 321 Pukalani St.
 Makawao, HI 96768**

**For questions, contact:
 hiusmsreg@aol.com, (808) 298-3269
 Do not use after 10/31/08**