

**UNITED STATES MASTERS SWIMMING 2009 REGISTRATION FORM**  
**For the MINNESOTA LMSC**

PLEASE PRINT CLEARLY. YOUR NAME ON THIS FORM AND FOR COMPETITION MUST BE THE SAME

\_\_\_\_ Renewal                      \_\_\_\_ New Registration

\_\_\_\_\_  
LAST NAME                              FIRST NAME                              MIDDLE INITIAL

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY    STATE    ZIP

\_\_\_\_\_  
PHONE NUMBER                              EMAIL ADDRESS – used for USMS purposes only

\_\_\_\_\_  
DATE OF BIRTH (month/day/year)      AGE                              SEX                              TODAY'S DATE

CLUB (check one)

- MN Masters Swim Club
- Barracuda Aquatic Club
- Blue Gills (Roosevelt Pool in Blaine)
- Edina Swim Club (EDIN)
- Hopkins Masters Swimming
- Med City Aquatics
- Minneapolis YMCA Masters
- Minnetonka Swim Club
- KnightCrawlers
- Nort'landers Swim Club
- NHCP Swim Club
- North Suburban Aquatic Club
- South East Metro Sharks
- St. Cloud Area Family YMCA
- STAR Masters
- Unattached

ALL MEMBERS MUST BE 18 YEARS OF AGE  
MEMBERSHIP EXPIRES DECEMBER 31, 2009

YOU MUST PAY A FEE OF \$40  
( \$25 USMS + \$15 Minnesota LMSC )

Make checks payable to: **Minnesota LMSC**  
Mail to: Pam Ogden  
E2401 Quail Run Road  
Eau Claire, WI 54701

"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 \_\_\_\_\_ I am a Masters Coach \_\_\_ I am a certified Official

I wish to contribute to the following organizations and have added the additional amount to my 2009 registration fees.

- \_\_\_ \$1 or \$ \_\_\_ The US Masters Swimming Foundation
- \_\_\_ \$1 or \$ \_\_\_ Minnesota Masters Swimming
- \_\_\_ \$1 or \$ \_\_\_ The International Swimming Hall of Fame