2011 ILLINOIS MASTERS SWIMMING ASSOCIATION www.ILMSA.com

2011 ONE YEAR MEMBERSHIP APPLICATION

___Renewal – my last USMS number was __ __ __ __-__ __ __ __ __ ___New registration

PRINT LEGIBLY! Register with the SAME name you will use in competition.

First Name		***Init.***		***Last Name***			
Address		***City***		***State***		***Zip***	
Telephone		***Email***					
Gender	***Male*** ☐ ***Female*** ☐	***Date of Birth (M-D-Y) (required)***	/ /19__			***Current Age***	

YOUR REPRESENTATION: *When you compete in events within the state of Illinois, you swim for your team (i.e. your workout group) or club.* ***PLEASE CHECK WITH YOUR COACH IF YOU ARE UNSURE OF YOUR AFFLILIATION.***

Club/Team (*workout group****) Designation:***

_____

(Your club/team must be registered first)

Unattached:

☐ ***(Unattached swimmers are not eligible for relays)***.

Are you a Masters Coach?

Yes ☐ No ☐

Are you a Certified Official?

Yes ☐ No ☐

For Office Use Only:
Date Received:

Check #:
Amount

WAIVER *must* be signed:

"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."

☐ **I would like to volunteer on a committee for ILMSA**

Signature:

(Required) _____**Date:** _____

Use of Image/Likeness: I grant permission to U.S. Masters Swimming and its affiliates (including ILMSA) to use my likeness and/or image in photographs, video, motion pictures, recordings, or any other record for legitimate purpose.

$38.00 ILMSA membership fee.

Retrieve your USMS Card:
https://www.clubassistant.com/club/usms_member_card_request.cfm

Optional contributions: In addition to the membership dues above:

$_____Donation to ILMSA (Always appreciated & tax deductible!)

$_____$1 (or more) Donation to the USMS Endowment Fund. (Tax deductible)

$_____$1 (or more) Donation to the USMS Foundation. (Tax deductible)

$_____$1 (or more)Donation to the International Swimming Hall of Fame.(Tax deductible)

Questions:

Erik Van Etten, ILMSA Registrar

Registrar@ilmsa.com
Or call
309-824-0398 before 9 pm

$____Total

Make check payable to **ILMSA**

Mail form and check to: **ILMSA**

800 Oak Street
PO Box 344
Danville, IL 61834

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), and periodic mailings from the Local Masters Swimming Committee.
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.

☐ **I want to receive my USMS Card by mail. Your new card will take approximately 2 weeks after application is received. There is a $5.00 replacement card fee. To retrieve a copy of your USMS card or print a copy of your lost card go to:**
https://www.clubassistant.com/club/usms_member_card_request.cfm