

2011 *Florida Maverick Masters, Inc.*
One-year membership application



- RENEWAL (my current USMS Number is _____ - _____) OR NEW Masters Registration
 I have changed my address within the last year I am a Masters Coach
 I am a certified official

**REGISTER WITH THE SAME NAME YOU WILL USE FOR COMPETITION.
PLEASE PRINT CLEARLY.**

Last name _____ First name _____ M.I. _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home phone (____) _____ Cell phone (____) _____ FAX (____) _____

Age _____ Date of Birth _____ Sex M F E-mail _____

Club: 035-FMM Club Name: *Florida Maverick Masters, Inc.*

FL LMSC NEWSLETTER:

- I prefer to receive the newsletter on-line. My e-mail is: _____
 I prefer to receive the newsletter by postal mail.
 Do not send.

LIABILITY RELEASE....."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 and regulations of USMS."

SIGNATURE REQUIRED _____ **Today's date** _____

REGISTRATION FEES

USMS (11/1/10-12/31/11).....\$29.00 (PARTIAL YEAR REGISTRATION--9/1/11-10/31/11--\$24 for USMS)

Florida LMSC fee8.00

Maverick club fee.....7.00

Contribution (from right)..... _____

Maverick contribution (optional) _____

TOTAL FEE ENCLOSED _____

I wish to contribute \$1 (or \$____) to the International Swimming Hall of Fame Foundation (optional).

I wish to contribute \$1 (or \$____) to the USMS "Swimming Saves Lives Fund" (optional).

Make check payable to: *Florida Maverick Masters, Inc.*

MAIL FORM, CHECK AND A LARGE SELF-ADDRESSED STAMPED ENVELOPE TO:

Patricia Tullman
5432 Twin Creeks Dr
Valrico, FL 33594



MEMBERSHIP BENEFITS: A subscription to **USMS SWIMMER** during the length of the membership year (\$8 of the annual dues is designated for a **USMS Swimmer** subscription, and periodic mailings from the Florida Local Masters Swimming Committee and Florida Maverick Masters mailings. USMS registered swimmers are covered with secondary accident insurance: (1) in practices supervised by a USMS member or a USA certified coach where all swimmers are registered, and (2) in USMS-sanctioned meets where all competitors are USMS registered.