2008 ILLINOIS MASTERS SWIMMING ASSOCIATION www.ILMSA.com

2008 AFTER SEMPTEMBER 1st 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. If you check **Team Illinois Masters**, or belong to a team registered under **Team Illinois Masters**, and you compete outside of Illinois at a USMS sanctioned meet, you represent **Team Illinois Masters (TIM)** and may swim on **Team Illinois Masters** relays.*

PLEASE CHECK WITH YOUR COACH IF YOU ARE UNSURE OF YOUR AFFLILIATION.

Check only one box ↓

Team Illinois Masters (TIM)

☐ Independent Member; or

☐_____ ***(Identify your team registered under TIM);*** or

Club Designation:

☐_____ ***(Identify your club which is not a team under TIM)***; or

Unattached:

☐ (***Unattached swimmers are not eligible for TIM relays or any other Club/Team relays***).

Do you coach Masters Swimmers?

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 OF 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." ☐ **I would like to volunteer on a committee for Illinois Masters**

Signature:

(Required) _____**Date:** _____

By my signature on this registration, I agree to allow Illinois Masters Swimming Association or USMS to publish my photo and/or writings in all of its publications and websites pursuant to the licensure provisions posted at the http://www.ilmsa.com/ website.

$20.00 ILMSA membership fee. (after September 1s)

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, *USMS 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.

Your new USMS card will be mailed to you from the ILMSA Registrar approximately 2 weeks after it is received. Please make several copies of your USMS card when you receive it, to use for meet entries. There is $5.00 fee for a replacement card.

The USMS policy on the privacy of member information is at: www.usms.org/admin/privacy.shtml

☐ I want to receive the ILMSA newsletter by US Postal Service, rather than by email notification.
(Getting your newsletter from the website www.ILMSA.com saves our association $30 per person annually.)