

United States Masters Swimming - Florida Gold Coast LMSC

2010 REGISTRATION FORM

REGISTER USING THE NAME YOU WILL USE FOR COMPETITION. PLEASE PRINT CLEARLY

LAST _____ FIRST _____ MI _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____

E-MAIL _____ DATE OF BIRTH ____/____/____ AGE _____ SEX _____

USMS CLUB * _____ WORKOUT GROUP _____

* Must be a valid registered **CLUB**. Those from 2009 include: Aqua Crest (AQUA), Broward Aquatic (BA), Big Gator Swimming (BGS), Bone Island Masters (BIMC), Comets (CSTM), FLA Masters (FLAQ), Gold Coast Masters (GOLD), Lake Worth Hammer Heads (LWHH), Lake Lytal (LYTA), Midtown Weston Aquatics (MWA), North County Masters of Jupiter (NCMJ), North Palm Beach Masters (NPBM), Plantation (PLAN), South Florida Masters Swimming (SFL), US Southcom Snappers (SNAP), Team Acuamen (TAKB), or Unattached (UNAT). **CHECK WITH YOUR COACH.**
 GOLD Workout Groups include: Boca Raton (BRM), Coral Springs (CSM), Deerfield Beach (DBM), FAU, Hammerheads (HAM), Florida Keys (KEY), Pompano Beach (PBM), Nadadores (NAD), North Miami (NMM), Ransom-Everglades (RAN), Sunrise Swim (SSS), Warren Haskins Center (WHC), West Broward YMCA (WBV).

RELEASE OF LIABILITY

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 AND 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.

X

SIGNATURE (REQUIRED) _____

TODAY'S DATE _____

USE OF IMAGE/LIKENESS: I grant permission to U.S. Masters Swimming and its affiliates to use my likeness and/or image in photographs, video, motion pictures, recordings, or any other record for legitimate purpose.

USMS, FLORIDA GOLD COAST LMSC MEMBERSHIP FEE:

\$42.00

I WISH TO MAKE A CONTRIBUTION TO:

THE INTERNATIONAL SWIMMING HALL OF FAME FOUNDATION
 IN THE AMOUNT OF:

THE UNITED STATES MASTERS SWIMMING FOUNDATION
 IN THE AMOUNT OF:

TOTAL ENCLOSED:

MAKE CHECKS PAYABLE TO:

FGC MASTERS SWIMMING

MAIL COMPLETED FORM AND CHECK TO:

BARBARA PROTZMAN
 3656 CYPRESS FERN WAY
 CORAL SPRINGS, FL 33065

Or register online with a credit card at:
www.USMS.org

BENEFITS OF MEMBERSHIP INCLUDE:

- SECONDARY ACCIDENT INSURANCE IN ALL USMS SANCTIONED MEETS WHERE ALL COMPETITORS ARE USMS REGISTERED AND USMS MEMBER OR USS CERTIFIED COACH SUPERVISED PRACTICES WHERE ALL PARTICIPANTS ARE USMS REGISTERED SWIMMERS.
- SUBSCRIPTION TO USMS SWIMMER Magazine DURING THE LENGTH OF MEMBERSHIP YEAR.
- SUBSCRIPTION TO THE FGC NEWSLETTER AND ALL OTHER PERIODIC eMAILINGS FROM THE LOCAL MASTERS SWIMMING COMMITTEE.

Check here if you are a Master's coach.

For more information, visit our websites:

www.USMS.org,
www.fgcmasters.org and
www.dixiezone.org

Questions? Call Barb Protzman at (954) 340-9629; e-mail: swimbarb@hotmail.com