

**2010 USMS Allegheny Mountain LMSC [www.alleghenymountainmasters.org](http://www.alleghenymountainmasters.org)**

**2010 ONE YEAR MEMBERSHIP APPLICATION**

Renewal – my last USMS number was \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ New registration

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

<b>First Name</b>		<b>Init.</b>		<b>Last Name</b>	
<b>Address</b>				<b>City</b>	<b>State</b>
<b>Telephone</b>				<b>Email</b>	
<b>Gender</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	<b>Date of Birth (M-D-Y) (required)</b>	/	<b>/19</b> _____	<b>Current Age</b>
<b>YOUR REPRESENTATION:</b> When you compete in events within the AM LMSC, you swim for your team (i.e. your workout group) or club. <b>PLEASE CHECK WITH YOUR COACH IF YOU ARE UNSURE OF YOUR AFFILIATION.</b>					<b>Do you coach Masters Swimmers?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Club/Team Designation:</b> <input type="checkbox"/> TPIT <input type="checkbox"/> AMAM (Your club/team must be registered first)			<b>AMAM Workout Group Designation:</b> <input type="checkbox"/> CALU <input type="checkbox"/> CVSC <input type="checkbox"/> HD <input type="checkbox"/> MLAC <input type="checkbox"/> PTSC <input type="checkbox"/> _____		
<b>Unattached:</b> <input type="checkbox"/> (Unattached swimmers are not eligible relays).					<b>Are you a Certified Official?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
					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 Allegheny Mountain LMSC**

**Signature:**

(Required) \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**\$47.00 AM membership fee.**

Retrieve your USMS Card:

[https://www.clubassistant.com/club/usms\\_member\\_card\\_request.cfm](https://www.clubassistant.com/club/usms_member_card_request.cfm)

**Optional contributions:** In addition to the membership dues above:

- \$ \_\_\_\_\_ Donation to Allegheny Mountain (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: **Joe Skoski**

Allegheny Mountain LMSC Registrar

**joeskoski@gmail.com**

Or call  
412-322-8840 before 9 pm

**\$ \_\_\_\_\_ Total**

Make check payable to:

**Allegheny Mountain Association Masters**

Mail form and check, to: **Joe Skoski**  
 3200 Orleans Street  
 Pittsburgh, PA 15214

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](https://www.clubassistant.com/club/usms_member_card_request.cfm)
- I want to receive the Allegheny Mountain LMSC newsletter by US Postal Service, rather than by email notification. (Getting your newsletter from the website [www.alleghenymountainmasters.org](http://www.alleghenymountainmasters.org) saves our association \$30 per person annually.)