



## Membership Registration and Application Form

<b>Full Name:</b>		
<b>Date of Birth:</b>	<b>Sex:</b>	<b>Age:</b>
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b>		<b>Do not contact:</b> <input type="checkbox"/>
<b>Email:</b>		<b>Do not contact:</b> <input type="checkbox"/>
<b>USMS Number:</b>		

### United States Masters Swimming (USMS) Registration and Fee

- To comply with insurance and City of Tampa regulations all members must register with USMS
- All members must renew and actively maintain their USMS registration
- Unregistered members are not permitted to swim with Tampa Bay Aquatic Masters
- Visitors and drop-in swimmers must be registered with USMS
- There are no exceptions to these USMS requirements

### Team Application Process

- Complete the Tampa Bay Aquatic Masters registration form and sign the waiver at the bottom of this page
- Complete a USMS registration form and provide a copy of current USMS card or registration number
- Complete City of Tampa and Tampa Bay Aquatic Masters liability forms
- Remit \$35.00 for membership dues (make checks payable to Tampa Bay Aquatic Masters)
- Swim 25 yards freestyle

### Membership and Payment Schedule

Tampa Bay Aquatic Masters monthly membership dues are \$35.00 in advance and include membership, coaching fees, pool access and lifeguarding services. Payment should be received by the 10th of each month for that swimming period.

### Privacy Policy

Tampa Bay Aquatic Masters uses email and other electronic means to contact and communicate with members. The team will not share information with any third party outside of the organization other than as necessary to fulfill any request. Unless asked not to, the team may contact its members via email or telephone in the future to share information about events, schedule and offering changes or modifications to this privacy or other policies.

### Tampa Bay Aquatic Masters Waiver

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 MASTER 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 NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTER SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUAL OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by the Membership Dues Policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_