



2012 Membership Application – OZARK LMSC

Membership Application for Nov 1, 2011 through Dec 31, 2012

DO NOT MAIL THIS FORM IF YOU REGISTER ONLINE.

USMS provides online membership registration using credit card payment. To register as a member of St Louis Area Masters (SLAM), go to the Membership section of www.swimslam.org. You are able to print out your membership card through the online registration process. Online registration is the preferred method, rather than using this paper form. Use this form ONLY if you qualify for discount membership, do not have internet access, or prefer to pay by check, rather than credit card. This form is to be used to join St Louis Area Masters (SLAM) using a paper registration. The 2012 Membership fee of \$41.00 consists of a \$5.00 SLAM Club fee, \$10.00 OZARK Local Masters Swimming Committee (LMSC) fee and a \$31.00 USMS fee which includes \$8.00 for a subscription to USMS's magazine SWIMMER during the length of the membership year. Ozark offers discounted memberships to swimmers 75 years and older and to full-time students 25 years and younger; in either case, the 2012 Masters Membership fee is reduced to \$31, all of which goes to USMS and includes the subscription to SWIMMER magazine. 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. (See <http://www.usms.org/> or <http://www.ozarklmsc.org>).

2012 USMS Membership Application				
Register with same name as you would use for competition. Please print clearly.				
Last Name		First Name		Middle Initial
Street				Office Use only:
City				Apartment
State		Zip	Home Phone	Work Phone
Date of Birth: Mo. Day Year		Age:	Sex:	Today's Date (required) Mo. Day Year
Club (Must be a USMS registered club or you will be registered as "unattached") St Louis Area Masters SLAM			Email Address:	
Primary Workout Location:			Occupation:	
Fees: USMS Fee: \$31.00 Ozark Fee: \$10.00 *(unless discounted) CLUB Fee: \$ 5.00*(unless discounted) <hr/> Total Fee: \$41 *(\$31 if discounted)			Renewal? Yes /No If renewing, my last registration number was _____ <input type="checkbox"/> Name Change: Old Name: _____	
Voluntary Contributions: If you wish to contribute to any of the following, please add the amount to your registration fees. _____ I wish to contribute \$1.00 (or \$ _____) to the "Swimming Saves Lives" Fund. _____ I wish to contribute \$1.00 (or \$ _____) to the International Swimming Hall of Fame. _____ I wish to contribute \$1.00 (or \$ _____) to my LMSC.				
Membership Discounts (*): Are you a full-time student 25 years or younger? _____ Attach a copy of your student ID. Are you 75 or older? _____ Your check to Ozark LMSC should be for only \$31 plus any voluntary contributions listed above.				
I am a Masters Swim Coach: Yes / No If yes, where do you coach? _____ I am a member of ASCA? Yes / No I am a Certified Swimming Official: Yes / No If yes, with which organization? _____ I am a member of _____ YMCA, _____ USA Triathlon, _____ USA Swimming				
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 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 ACTIVITES. In addition, I agree to abide by and be governed by the rules of USMS.				
Applicant Signature(required) _____ Date _____ (required)				

Make checks payable to **OZARK LMSC** for \$46.00 (*unless discounted to \$31) plus any voluntary contributions. Send completed form including **SIGNED** and **DATED** insurance waiver with **CHECK** payable to **OZARK LMSC** to Sarah Plumb, Ozark Registrar, at 7114 Maryland Avenue, St. Louis, MO 63130-4416, phone 314-932-5061. Applications **without signatures or checks will be returned** for completion. If you have provided an email address, you will be advised how to print your membership card online. If you have no email address or you do not respond to the email we send, you will receive your membership card by USPS mail. Please allow 2 weeks for processing.