

2012 ONE EVENT REGISTRATION FORM

<p style="text-align: center;">Make check payable to: LMSC for Virginia</p> <p style="text-align: center;">Mail Check to: Lisa Bennett, 11812 Winfore Dr. Midlothian, VA 23113</p>	 ONE EVENT MEMBERSHIP APPLICATION	<p>Register with the same name you will use for competition. Print clearly.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Last Name</td> <td style="width: 30%;">First Name</td> <td style="width: 10%;">Init</td> <td style="width: 30%;">For Office Use</td> </tr> <tr> <td colspan="2">Street</td> <td>Apt</td> <td></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td>Phone No.</td> </tr> <tr> <td colspan="4">Email Address</td> </tr> <tr> <td>Date of Birth</td> <td>Age</td> <td>Sex</td> <td>Today's Date</td> </tr> <tr> <td>Mo. Day Yr</td> <td></td> <td></td> <td>Mo. Day Yr</td> </tr> </table> <p style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">OEVT – One Event Membership Event Date:</p> <p>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 ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.</p> <p>Signature _____</p>	Last Name	First Name	Init	For Office Use	Street		Apt		City	State	Zip	Phone No.	Email Address				Date of Birth	Age	Sex	Today's Date	Mo. Day Yr			Mo. Day Yr
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