

**San Mateo Master Marlins**  
**2010 Team Dues Registration**

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone – Home: \_\_\_\_\_

Phone – Work: \_\_\_\_\_

Phone – Cell: \_\_\_\_\_

\*E-mail address: \_\_\_\_\_

\*We will use your e-mail address **ONLY** to notify you of upcoming Marlins events, changes in workout schedule, and to send you our monthly publication, **Lane Lines**. You can opt-out at any time!  
We will **NEVER** sell, give, lend, or rent your e-mail address to any other person or organization.

**Team Dues**

Individual \$30 \_\_\_ Family \$60 \_\_\_ - Additional family members: \_\_\_\_\_

\_\_\_\_\_  
*To the extent allowed I hereby absolve the San Mateo Master Marlins team, employees, volunteer officers, independent contractors from all liability which may arise as a result of my/our participation in the program for which I/we register. I/we are aware that there are risks inherent in programs involving physical activity/exercise, and will use my/our own judgment in adapting my/our participation in accordance with my/our own physical abilities and medical condition. I/we allow use of my/our photographs taken during program participation for purposes of program publicity.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to:**

**San Mateo Master Marlins**  
**Joinville Swim Center**  
**2111 Kehoe Avenue**  
**San Mateo, CA 94403-1062**

**Be sure to enclose your check for Team Dues (\$30 individual or \$60 family)**  
**Please make your check payable to: San Mateo Master Marlins**

**Thank you!**

## NOTE

Instead of filling out the form below and mailing it in with your check, you can register with USMS/PMS online with a credit card at the following secure web site:

<https://www.clubassistant.com/club/USMS.cfm?l=38>

<p><b>United States Masters Swimming, Inc.</b> <b>Pacific Masters Swimming, Inc.</b></p> <p style="text-align: center;"><b>2010 Membership Application</b></p> <p><input type="checkbox"/> Renewal 2009 number if known: _____</p> <p><input type="checkbox"/> New Registration</p> <p><b>YOU MUST PAY TOTAL FEE OF \$42</b> (Fee includes: USMS = \$27, PMS = \$15)</p> <p><b>REDUCED 2010 END OF YEAR FEE \$32 if joining 9/1 - 10/31</b></p> <p>2011 Memberships accepted after 11/1/10 <b>valid 11/1/10-12/31/11</b></p> <p><b>Make check payable to Pacific Masters Swimming</b></p> <p><b>Mail to: Nancy Ridout</b> <b>580 Sunset Parkway</b> <b>Novato, CA 94947</b> <b>(415) 892-0771</b> <b>registrar@pacificmasters.org</b> <b>Registration Expires 12/31/10</b></p>	<p><b>PLEASE PRINT CLEARLY.</b> <b>Your name on this form and on meet entry forms must be identical.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Last Name</td> <td style="border: none;">First Name</td> <td style="border: none;">Middle Initial</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Mailing Address</td> <td style="border: none;">Hm ___ /Wrk ___ / Cell ___ ( )</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip</td> <td style="border: none;">Hm ___ /Wrk ___ / Cell ___ ( )</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Date of Birth</td> <td style="border: none;">Age</td> <td style="border: none;">Sex</td> <td style="border: none;">e-mail address</td> </tr> <tr> <td style="border: none;">Month    Day    Year 19</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">CLUB (Indicate Club affiliation or Unattached)</td> <td style="border: none;">Today's Date Month _____ Day _____ Year 20 _____</td> </tr> </table> <p><small>"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."</small></p> <p><small>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.</small></p> <p>Signature _____</p> <p style="text-align: right;"><small>I am a Masters Coach    <input type="checkbox"/> I am a Certified Official    <input type="checkbox"/></small></p> <p>I wish to contribute to the following foundations <i>and have added the additional amount to my 2010 registration fees.</i></p> <p><input type="checkbox"/> \$1 or ( ) The US Masters Swimming Foundation.  <input type="checkbox"/> \$1 or ( ) Pacific Masters Swimming.  <input type="checkbox"/> \$1 or ( ) The International Swimming Hall of Fame.</p> <p style="text-align: right;"><small>revised 9/20/09</small></p>	Last Name	First Name	Middle Initial	Mailing Address	Hm ___ /Wrk ___ / Cell ___ ( )	City	State	Zip	Hm ___ /Wrk ___ / Cell ___ ( )	Date of Birth	Age	Sex	e-mail address	Month    Day    Year 19				CLUB (Indicate Club affiliation or Unattached)	Today's Date Month _____ Day _____ Year 20 _____
Last Name	First Name	Middle Initial																		
Mailing Address	Hm ___ /Wrk ___ / Cell ___ ( )																			
City	State	Zip	Hm ___ /Wrk ___ / Cell ___ ( )																	
Date of Birth	Age	Sex	e-mail address																	
Month    Day    Year 19																				
CLUB (Indicate Club affiliation or Unattached)	Today's Date Month _____ Day _____ Year 20 _____																			