


2008 ONE EVENT REGISTRATION FORM

<p>Mail Check to: Lisa Bennett, 11812 Winfore Dr., Midlothian, VA 23113</p> <p>Make check payable to: LMSC for Virginia</p>	 <p>ONE EVENT MEMBERSHIP APPLICATION</p>	<p>Register with the same name you will use for competition. Print clearly.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 25%;">Last Name</td> <td style="border-bottom: 1px solid black; width: 25%;">First Name</td> <td style="border-bottom: 1px solid black; width: 10%;">Init</td> <td style="border-bottom: 1px solid black; width: 40%;">For Office Use</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Street</td> <td colspan="2" style="border-bottom: 1px solid black;">Apt</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip</td> <td style="border-bottom: 1px solid black;">Phone No.</td> </tr> <tr> <td colspan="4" style="border-bottom: 1px solid black;">Email Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date of Birth</td> <td style="border-bottom: 1px solid black;">Age</td> <td style="border-bottom: 1px solid black;">Sex</td> <td style="border-bottom: 1px solid black;">Today's Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Mo. Day Yr</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">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
Last Name	First Name	Init	For Office Use																							
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<hr/> <p>USMS Fee: \$10.00</p> <p>LMSC Fee: \$12.00</p> <p>TOTAL FEE: \$22.00</p> <hr/>																										

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Street				Apt	
City		State	Zip	Phone No.	
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