

**KENTUCKY MASTERS SWIMMING  
 UNITED STATES MASTERS SWIMMING  
 Swim Kentucky 30 Day Tryout Form**

For Office Use Only	
Received:	

Please print clearly and LEGIBLY!

<b>Dates of 30 day tryout:</b>	<b>From</b>		<b>To</b>	
<b>Last Name</b>		<b>First Name</b>		<b>Initial</b>
<b>Street Address</b>				
<b>City</b>		<b>State</b>		<b>Zip</b>
<b>Home Phone</b>		<b>Work Phone</b>		
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Current Age</b>		<b>Date of Birth</b>
<b>Email (used to send registration form and reminder of expiration date)</b>				
<b>Team Name</b>				

**30 Day Agreement**

At or before the date ending your 30 Day Tryout, you must sign and complete a New Member Registration form to become a USMS Member. The form must be mailed with a check for membership dues to the Kentucky Registrar to receive your USMS Membership card and full membership benefits. After the 30 day tryout period if you do not wish to become a member, you will not be obligated to pay membership dues to USMS or to Kentucky Local Masters Swimming.

**USMS WAIVER**

**Must be signed:** I, the undersigned participant, intending to be legally bound, certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks inherent in Masters Swimming (training and competition) including possible permanent disability, 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, AS A CONDITION OF MY PARTICIPATION IN MASTERS SWIMMING. In addition, I agree to abide by and be governed by the rules of USMS.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Required)

**Future Membership Benefits**

One Year membership for is **\$39** if you join between November 1 and August 31. Late season membership is **\$34** if you join between September 1 and October 31. Do not send a check until you register as a full member.

*Annual Membership includes a subscription to USMS Swimmer magazine, eligibility to participate in USMS programs and periodic mailings from the Kentucky Local Masters Swimming Committee.*

*Members of United States Masters Swimming are covered with secondary accident insurance in practices supervised by a USMS member or USA Swimming certified coach where all swimmers are USMS registered and in USMS sanctioned meets where all competitors are USMS registered.*

**Complete this form, sign the waiver and mail to the Kentucky Registrar:**

**Susan Ehringer  
 KY LMSC Registrar  
 4307 Bridge Ct.  
 Sellersburg, IN 47172**

*For registration questions contact Susan by e-mail: [kyregistrar@usms.org](mailto:kyregistrar@usms.org) or phone (502) 310-0231.  
 The USMS policy on the privacy of member information is at: [www.usms.org/admin/privacy.shtml](http://www.usms.org/admin/privacy.shtml).*