



Niagara District Masters Swimming 2010 Swimmer Registration



The Niagara District is the Local Masters Swimming Committee (LMSC) of United States Masters Swimming (USMS), and one of the three districts encompassing New York State. We include the 24 counties from Buffalo and Niagara Falls south to Olean and Jamestown and east to Syracuse and Binghamton. Over 40,000 swimmers are registered nationally with approximately 500 in the Niagara District.

Masters swimming is open to all athletes, **regardless of swimming ability**. Our primary goal is to provide an enjoyable opportunity to improve overall fitness and swimming skills.

Those wishing to gauge their progress, and enjoy the camaraderie of Masters swim meets, compete in 5-year age/sex divisions starting with 19-24 and continuing through 100+.

Competitions are held in 25 yard, 25 or 50 meter pools or in open water. As a registered Masters swimmer, you are also eligible for Top 10 ranking at district, national and international levels. Yearly registration is required to participate and includes our newsletter, and a subscription to **USMS SWIMMER**, our national magazine.

Equally important is the insurance coverage it provides our members **at practices supervised by USMS/USA certified coaches** when all swimmers are USMS registered, as well as at all USMS sanctioned and recognized activities.

Choose newsletter delivery method by checking the appropriate box in application.

To register, complete the form below.

Technically, in Niagara District, we all belong to only one club, **NIAG**. But when we do our every day workouts, many of us swim either alone or in an active daily swim program with a group of regular swim friends. The organizers of swim meets often like to identify such groups with some sort of symbol. The following four-letter names are some we are currently using. If you are in one of these groups please check the box. If you swim alone check nothing.

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|--|---|
| <input type="checkbox"/> BUMS - Binghamton Univ Masters | <input type="checkbox"/> HOPS - Hamburg Orchard Pk Masters |
| <input type="checkbox"/> SMSC - Syracuse Chargers Masters Swim Club | <input type="checkbox"/> TONA - Tonawanda Aq&Fit Masters |
| <input type="checkbox"/> ITHY - Ithaca YMCA Masters | <input type="checkbox"/> RAMS - Rochester Area Masters Swim |
| <input type="checkbox"/> BLOW - Elmira Blowfish Masters | <input type="checkbox"/> CDGA - Canandaigua Sawbellies Masters |
| <input type="checkbox"/> NICK - Nickel City Splash Masters | <input type="checkbox"/> CARP - Univ of Rochester Masters |
| <input type="checkbox"/> LIVP - Liverpool Jets Masters Swimming | <input type="checkbox"/> MMSC - Maverick Masters Swim Club |
| <input type="checkbox"/> SKAN - Skaneateles | <input type="checkbox"/> CORT - Cortland |
| <input type="checkbox"/> NAZR - Nazareth Masters Swim Club | <input type="checkbox"/> CYMS - Corning YMCA Masters |

DUES \$37.00 (\$27 Sep 1- Oct 31)

Membership is valid through December 31, 2010
\$27 is for USMS (\$8 of which is designated for USMS's swimming magazine subscription), and \$10 for the Niagara LMSC

Last Name		First Name		Initial
Street Address			Club	Niagara
City, State, Zip		Home Phone	Work Phone	
Date of Birth (required)	Age	Sex (circle) M F	E-mail	

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 ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS.

Signature (required) _____ **Date** _____

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.

If you coach Masters swimmers, check here: _____ MACA/ASCA member: Yes No
Type of registration: _____ New Member _____ Renewal of 2009 Registration # **049** - _____

_____ I wish to contribute \$1.00 (or \$ _____) to the International Swimming Hall of Fame Foundation.

_____ I wish to contribute \$1.00 (or \$ _____) to the United States Masters Swimming Foundation.

(I have added these amounts to my 2010 registration fees.)

Make your \$37 (+contributions) check payable to:
Niagara District Masters Swimming (NDMS)

Mail to: **John E Pilger, Registrar**
2125 Masters Rd
Marcellus NY 13108

Email: Ph **syrjohn@gmail.com** : **315-673-2268**