

Southern Pacific Masters Association

LAPS 2007 Membership Form

SPMA respects your privacy: We will not sell your mailing address, phone number, or email address

United States Masters Swimming, Inc. & Southern Pacific Masters Association <h3 style="text-align: center;">2007 Membership Application</h3> <input type="checkbox"/> Renewal Previous number if known: _____ <input type="checkbox"/> New Registration	PLEASE PRINT CLEARLY		
	Your name on this form and on meet entry forms must be identical.		
	Last Name	First Name	Middle Initial
	Mailing Address		Home Phone No. ()
	City	State	Zip ()
	Date of Birth	Age	Sex
	Month/Day/Year		Email Address (print in ALL CAPS)
CLUB (if left blank, you will remain with your previous club, or unattached if new)		Today's Date	
Emergency Contact (optional)		Phone No. of emergency contact	
<input type="checkbox"/> Opt out of SPMA-NEWS email list (check this box if you would only like SPMA to use your email address to contact you about questions or problems with your membership)			
<input type="checkbox"/> I am a coach <input type="checkbox"/> I am a certified official <input type="checkbox"/> I would like to volunteer for SPMA			
Annual SPMA Fee: \$35\$ _____ Optional Donations: \$1.00 (or \$____) to SPMA \$ _____ \$1.00 (or \$____) to USMS \$ _____ \$1.00 (or \$____) to ISHOF \$ _____ TOTAL ENCLOSED \$ _____	"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."		
Make check payable to SPMA, and return to: <h3 style="text-align: center;">Beth Overstreet LAPS</h3>	Signature _____		

Benefits of 2007 SPMA Membership

- The opportunity to meet and train with some of the most experienced coaches and swimmers in the area.
- The benefit of coaching and training with our member clubs throughout the country requiring USMS membership.
- A subscription to USMS Swimmer, a bi-monthly national swimming publication which runs concurrently with your membership.
- Liability insurance for your club and meet sponsors.
- Secondary accident insurance.
- Borrowing privileges from the SPMA videotape and DVD library.
- SPMA Swimming News, featuring up-to-date information on events occurring in our area and helpful articles on health and swimming, as an insert in USMS Swimmer.
- The privilege of participating in any SPMA or USMS sanctioned postal, pool, and open water events or clinics.
- Information and advice from the SPMA office to answer your swimming related questions or concerns.
- Of your membership fee \$20 is sent to USMS (\$8.00 of the annual dues is designated for the magazine subscription) and \$15 remains with SPMA to support our programs

For more information:
www.spma.net
registrar@spma.net
 (626) 296-1841

2007 USMS Registration is valid through December 31, 2007