



RIO SALADO SWIM CLUB

MASTERS ADULT SWIM NEW MEMBER PAPER WORK

DIRECTIONS FOR COMPLETING THIS PAPER WORK

1. Completely fill out the **Masters Information Form**
2. You must get registered with United States Masters Swimming for 2009. Please go to <https://www.clubassistant.com/club/USMS.cfm?l=48> and complete the online registration. When you are finished please forward us your confirmation email that you receive when the process is complete.
3. Return these **forms** along with your **first payment** to our club offices. You may fax your paper work to 480-539-5946 or visit our office located inside the EVO Swim School at 868 N. Gilbert Rd. Suite 100 Gilbert, AZ 85234 (NW Corner of Gilbert and Guadalupe inside the EVO Swim School)

First Month Dues \$ _____

Other \$ _____

Total Due \$ _____

Monthly Dues:

\$35 Masters Group

Rio Salado Swim Club – MASTERS GROUP
Masters Information Form
(Please Print Legibly)

Practice Facility: _____

Joining Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name: _____ DOB: ____ / ____ / ____ Sex: M / F Age: ____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Primary Email Address: _____ Billing via email? Y / N

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Doctor's Name: _____ Doctor's Phone #: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

List any medications you are currently taking: _____

List any past or existing medical conditions: _____

Other comments regarding your medical status: _____

How did you learn about our club? _____

Reasons for your participation: ___ General Fitness ___ Stroke Improvement ___ Tri-athlons ___ Masters Competition

In consideration of acceptance of the undersigned swimmer by RIO Salado Swim Club of Tempe, AZ: I, the undersigned participant, intend to be legally bound, hereby certify that I am physically fit and have not been informed otherwise by a physician or other health care provider. I acknowledge that I am aware of the risks inherent in Masters Swimming including possible injury or death, and agree to assume all risks. I hereby waive any and all rights to claims for loss or damages arising out of participation in the masters program or activities pertinent there to against United States Masters Swimming, Inc., the local Masters Swim Community, RIO Salado Swim Club, Inc., the City of Tempe, the clubs, host facilities, meet sponsors, meet committees, any individuals officiating at the meets or supervising such activities, as a condition of my participation in masters swimming.

Signature: _____ Date: _____

Official Use Only
BM Data ___ BM Billing ___ Policy ___