



Masters Membership Application

Swimmers Information: _____
Surname Given

Medical Info: _____
Care card Doctor Doctor #

Emergency Contact: _____
Name Phone # Relationship

Allergies/Continuing Medication/or Physical limitations that may affect your abilities or the swim program:

Annual Fees:

| | |
|--|-------|
| HSSC Club Membership Fee: (as per club constitution) | 45.00 |
| Master Swim Association Fee: Annual Membership | 35.00 |
| | ----- |
| Sub total | 80.00 |

Monthly Fees

| | |
|--------------------------------|----------|
| Option 1 | |
| HSSC Month Fees \$60 per month | 60.00 |
| | ----- |
| First month cheque | \$140.00 |

Post dated Cheques

Nov: _____ Dec: _____ Jan: _____ feb: _____ mar: _____ apr: _____ may: _____ jun: _____

Option2

PUNCH CARD OPTION: \$75 for 12 sessions expires in 3 month

First months total \$155.00

Consent:

- 1) I hereby release the Haney Seahorse Swim Club and it's successor or assigns from any and all actions, claims or causes of action arising out of instruction or arising out of any swim meet or other function attended or sponsored by HSSC.
- 2) I hereby authorize the Haney Seahorse Swim Club to use for education and/or promotional poses, any film, videotape, photograph, or audio recording I which I have participated
- 3) I hereby authorize the Haney Seahorse Swim Club to use for the purposes of the website and club portfolio, any photographs I which I have participated

Signature

Date

LAST NAME (PLEASE PRINT) _____

FIRST NAME _____

INITIAL _____

| | |
|--|--|
| | |
|--|--|

RELEASE AND INDEMNITY

As a condition of my participation in events sponsored or sanctioned by **The Masters Swimming Association of B.C. ("MSABC")** I:

- a) Confirm that I am aware that **Master Swimming** is a sport which involves risks including significant cardiovascular demands.
- b) Confirm that I am physically fit and able to participate in competitive swimming. I am not aware of nor have I been advised of any physical limitations to my participation.
- c) I agree that I will not make any claim for damages, costs or otherwise against **MSABC**, its agents, volunteers, clubs, sponsors, officials for the owners or operators of any facilities used by **MSABC**, even if such claim is based upon the negligence of those organizations or individuals described above.
- d) Agree to indemnify and hold **MSABC** and those individuals and organizations set forth in the preceding paragraph from any claims from loss or damage associated with my participation in events sponsored or sanctioned by **MSABC**.
- e) Agree that this document is binding upon me and my successors, personal representatives and next of kin.

THE PURPOSE OF THIS DOCUMENT IS TO PRECLUDE ANY CLAIM ARISING OUT OF MY PARTICIPATION IN EVENTS SPONSORED OR SANCTIONED BY THE MASTERS SWIMMING ASSOCIATION OF BRITISH COLUMBIA

DATED at _____, this _____ day of _____ 20_____

X _____

(SIGNATURE OF MEMBER or PARENT/GUARDIAN
*If you are 18 years old, you must have parent or guardian sign.

As I am 18 years old, I release **The Masters Swimming Association of B.C. ("MSABC")** from physical risk.

X _____

(SIGNATURE OF 18 YEAR OLD MEMBER)

APPLICATION FORM FOR MASTERS SWIMMING ASSOCIATION OF BRITISH COLUMBIA
PLEASE FILL OUT THE APPLICATION FORM COMPLETELY AND CLEARLY.

Last Name: _____

Given Name: _____ Initial: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Email _____

Sex: M _____ F _____

Date of Birth: _____ / _____ / _____
DAY MONTH YEAR