

Were You Registered after 2002? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes what was your registration number? Example: 27-4-J-01JW5 _____ - ____ - ____ - _____
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Please provide previous registration name		
Last:	First:	M.I.:

Important Note: The EXACT name that you register under must be used when entering all USMS sanctioned meets. That name will appear on the heat sheet, meet results and will be used to tabulate records (Citizen, State or National records) or Top Ten Standing. Furthermore, if you fail to use your EXACT registered name, you will not be considered for these records. Fill out the registration form accordingly.

<input type="checkbox"/> You may check this box, note Your Name, + Sign & Date, and your registration information will be identical to last years registration, except as you noted in the following:		
Last: ¹	First: ¹	M. Init:
Street: ¹		
City: ¹	State: ¹	Zip: ¹
Primary Phone: ³ ()		Secondary Phone: ³ ()
E-Mail:		
Birth Date: ¹	Gender: ¹	Today's Date:
Club or Unattached: ^{1 2}		
¹ Required Information... ² The registered clubs are: Bartlesville (CPSC), Edmond (EAMS), Lawton (LYT), Oklahoma (OKMS), Tulsa (TULS), or Unattached (UNAT)... ³ Please supply at least one.		

News Letter: You will be notified by e-mail for each of the quarterly OMS News Letters with its Web Link for your viewing and printing, unless you note differently as follows:

- E-Mailed to you (When selecting this option make sure you have included your e-mail address)
- Snail Mail (US 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 _____ Date _____

If you coach Masters Swimmers, please check here

Your Primary Workout Facility (Optional) _____