



University City Swim Club Masters Membership Application

September, 2012 - July, 2013

Swimmer's Name: _____ DOB: _____

Swimmer's Name: _____ DOB: _____

Billing Address: _____

City: _____ State: _____ Zipcode: _____

Primary Telephone: _____

Alternate Phone: _____

Email for Club Notifications and Billing Statements: _____

Initial Payment Calculation :

Group	Age guideline	Weekly practices	Monthly fee	Season fee (Sept – July)
Masters (adult)	19 - 99	T, Th (60 min) Sat (90 min)	\$55 x _____	\$555 (11 months) \$ _____
Additional voluntary donation				\$ _____
TOTAL (write check to UCSC)				\$ _____

Practices begin Sept 6, 2011. T, Th 6- 7 am and Sat 8-9:30 am. Location U City High School.

I understand this is a US Masters Swimming Club and insurance is void for all members if I swim for more than 30 days without a US Masters Swimming membership. _____ (initial)

I agree to join US Masters Swimming (apply directly to the branch organization, see <http://www.swimslam.org> or www.usms.org) _____ (initial)

Masters signature

Printed name of signer

Date

**UCSC MEDICAL INFORMATION FORM
AND RELEASE**

Swimmer #1 Name/Birthdate _____

Swimmer #2 Name/Birthdate _____

Swimmer #3 Name/Birthdate _____

Emergency Contact Name _____ Phone _____

Physician's Name _____ Phone _____

Preferred Hospital _____

Medical Insurance Company _____ Phone _____

Policy Number(s) _____

For each swimmer listed above, please list all, if any, of the following which apply:

Physical disabilities _____
Chronic illnesses _____
Convulsions/seizures _____
Allergies (food and meds) _____
Prescribed medications _____

A UCSC representative will attempt to notify Emergency Contact in the event of any injury or illness to the above-named swimmer(s) during their participation in a UCSC activity.

The undersigned hereby: Agrees to update this form as needed throughout the season to keep UCSC informed of any and all changes; consents to any emergency medical procedure determined necessary by licensed care providers; gives permission for each swimmer named above to be taken to a hospital or medical center for emergency treatment; and assumes financial responsibility for all costs associated with transportation, examination, and treatment.

ADDITIONALLY, TO THE EXTENT PERMITTED BY LAW, THE UNDERSIGNED HEREBY RELEASES UCSC, ITS DIRECTORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS FROM ANY AND ALL LIABILITY ASSOCIATED WITH PERFORMING DUTIES RELATED TO THE TREATMENT OF ANY INJURY OR ILLNESS TO THE ABOVE-NAMED SWIMMER(S) DURING THEIR PARTICIPATION IN A UCSC ACTIVITY INCLUDING BUT NOT LIMITED TO ANY PRACTICE, TRAVEL, OR MEET INVOLVING UCSC.

Swimmer/Parent or Guardian (Signature)

Date

UCSC GENERAL RELEASE AND WAIVER OF LIABILITY

To the extent permitted by law, the undersigned, on his/her own behalf and/or on behalf of his/her child(ren), as partial consideration for the opportunity to receive instruction from and to participate in activities with University City Swim Club, Inc. ("UCSC"), hereby releases UCSC, its directors, officers, employees, and volunteers (the "Released Parties") from any and all future claims, demands, damages, actions or causes of action on account of any personal injury or damages to personal property sustained or suffered by the undersigned or his/her child(ren) caused by or due to the negligence of any Released Party in performance of any duties on behalf of UCSC, or arising from participation in any UCSC activity, including but not limited to any practice, travel, or meet involving UCSC. ____ (initial).

The undersigned agrees this Release is binding upon the undersigned, his/her child(ren), and/or their respective heirs, executors, personal representatives, trustees, and assigns. ____ (initial).

The undersigned agrees that any dispute arising from his/her or his/her child(ren)'s participation in UCSC, including any dispute concerning this Release, shall be filed in the Circuit Court of St. Louis County, Missouri, and shall be construed according to the laws of the State of Missouri. ____ (initial).

The undersigned further agrees that the prevailing party in any such dispute referenced in the preceding paragraph shall be entitled to recover his/her/its reasonable attorney's fees and costs. ____ (initial).

The undersigned represents he/she has authority to execute this Release, that he/she has had the opportunity to consult legal counsel of his/her choice with respect to its terms, and that he/she has read this Release, fully understands its provisions and is voluntarily executing this Release. ____ (initial).

Swimmer/Parent or Guardian (Signature)

Date

Swimmer/Parent or Guardian (Print name)