



MASTERS MEMBERSHIP REGISTRATION

Unlimited Monthly membership 2x/week membership

Please print clearly.

First Name	MI	Last Name	
Street Address			
City	State	Zip	Phone (home/cell)
Date of Birth (mm/dd/yyyy)	Age	E-mail address (will be used for login)	
Signature			Today's Date (join date)

Emergency Medical Treatment

The Vacaville Swim Club has permission to secure emergency assistance for myself in the event of my need of emergency treatment. I will be responsible for any bills incurred for my treatment.

Signature of Masters Swimmer

Date

Do you have a medical condition of which the coaching staff should be aware? If yes, please explain.

Emergency Contact Information

Name: _____ Phone #: _____

Relationship: _____ Insurance Provider: _____

Payments: Monthly VSC dues are paid either by automatic monthly payment from your checking/savings account or credit card (set up online) or paid via check with a value of 3 months' dues. If paying by check, please make payable to Vacaville Swim Club and either turn in to a Masters coach or mail to the team: PO Box 122 Vacaville, CA 95696

*****USMS registration: ALL Master swimmers must register with United States Masters Swimming. This covers insurance and liability issues. You can register at <http://www.usms.org/reg/>*****

Vacaville Swim Club Masters Liability Waiver

By registering with the Vacaville Swim Club, I agree to participate in the Vacaville Swim Club Masters, and hereby release Vacaville Swim Club, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the Vacaville Swim Club Masters program, including travel to and from training sessions, swim meets or other scheduled team activities. I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I participate in the Vacaville Swim Club Masters program.

Signature of Masters Swimmer

Medical Release Waiver

I hereby give my permission for any supervisor, coach or other team administrator or associated staff member with the Vacaville Swim Club to seek and give appropriate medical attention in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment. I hereby waive, release and forever discharge Vacaville Swim Club and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Vacaville Swim Club activities, whether or not damages or loss is due to negligence. I hereby acknowledge that I am physically fit and capable of participation in all Swim Team activities.

Signature of Masters Swimmer

The above Liability and Medical Release covers any and all activities sponsored by or associated with Vacaville Swim Club.

Masters Dues:

Unlimited monthly membership \$65/month

2x/week monthly membership \$40/month