

2009 Metro Masters All-Star Team Workout Group Membership Application Metropolitan LMSC / United States Masters Swimming, Inc.

PRINT FULL
TEAM NAME _____

*Three or Four Letter
TEAM ABBREVIATION _____

I hereby make application for (check one) _____ new or _____ renewal annual Team membership for the term November 1, 2008 to December 31, 2009 in United States Masters Swimming, Inc. ("USMS") as administered by the Metropolitan Local Masters Swimming Committee ("MLMSC"). The TEAM, if accepted, agrees to abide by and be governed by all rules and regulations of both USMS and the MLMSC. The Team, if accepted, also acknowledges understanding of and agreement to comply with the following requirement dictating bona fide USMS Team status: **ALL members of Team will maintain current USMS registration while participating in Team swim practices, and ALL Team swim workouts and/or Team-hosted USMS-sanctioned events will be under the direct supervision of a currently registered member of USMS to satisfy USMS insurance coverage mandates.**

APPLICANT
SIGNATURE _____ DATE _____

PRINT NAME
OF APPLICANT _____ TITLE _____

*TEAM ABBREVIATION must first be approved by MLMSC Registrar

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Please indicate (check ONE box) to whom all Team correspondence should be sent: Head Coach - or - Team Rep

FIRST & LAST NAME OF TEAM HEAD COACH

FIRST & LAST NAME OF TEAM REP (if other than Head Coach)

Head Coach Current USMS Registration #

Team Rep Current USMS Registration #

Head Coach Contact Info:

Team Rep Contact Info:

Day Tel (_____) _____ - _____

Day Tel (_____) _____ - _____

Eve Tel (_____) _____ - _____

Eve Tel (_____) _____ - _____

Cell (_____) _____ - _____

Cell (_____) _____ - _____

E-Mail _____

E-Mail _____

Mailing Address _____

Mailing Address _____

MAIL this fully executed form to: Metro LMSC Registrar, 201 Chestnut Street, Port Jefferson, NY 11777
Direct Team Application/Abbreviation inquiries to: Maria Anderson, Registrar, via email at metroreg@gmail.com

For Office Use (dates): Received _____ Acknowledged _____ Forwarded to Chair/Sec'y _____

FACILITY INFORMATION

PRINT FACILITY NAME _____

FACILITY ADDRESS _____

FACILITY DESCRIPTION (yards, short course meters, long course meters, number of lanes)

Additional miscellaneous information (electronic timing system, scoreboard display, touchpads, starting blocks, separate warm-up pool and/or diving tank, suitable for hosting Masters competition and/or clinics?)

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TEAM DETAILS

WORKOUT (AND/OR OPEN SWIM) DAYS AND TIMES

TEAM WEBSITE _____

Check box only if Team is a CLOSED/PRIVATE organization

Check box only if Team has NO guest policy

ADDITIONAL TEAM INFO (fitness, competition and/or triathletes; instruction, camps & clinics, events, guest policy, etc.)

NOTE: NO swimmers can register with USMS until Team has submitted this form for the current registration year!