



**Ohio Splash Swim Club
Member/Guest Information Form**

Last Name _____ First Name _____ Middle Initial _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Date of Birth _____ Email Address _____
 USMS # _____

Membership Dues

Please choose an intended payment method:

- Quarterly
Cheaper if you intend to swim more than once a week
- Monthly
Cheaper if you intend to swim more than once a week
- Per practice
Cheaper if you intend to swim less than once a week

ADDITIONAL REQUIRED INFORMATION

Ohio Splash is affiliated with U.S. Masters Swimming (USMS). Each of our members is required to register with USMS. Please visit our website at <http://www.ohiosplash.org/> for additional information about joining USMS, and the benefits you get from becoming a member.

RELEASE FROM LIABILITY

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, including possible permanent disability or death, and agree to assume all those risks.

Signed _____ Date _____

It is recommended, but not required, that each swimmer have a physical examination by a physician prior to participating in Ohio Splash swimming practices.



Please give this completed form to the practice lead the next time you attend practice.

You may also mail this form to: Steve Trendel
 4471 Valley Quail Blvd. N.
 Westerville, Ohio, 43081