VALLEY ISLE MASTERS SWIMMERS – www.mastersswimmaui.org
2010 MEMBERSHIP FORM

$25 payable to VIMS

your name___________________________________ home phone______________________

address _____________________________________ work phone______________________

city _________________________ zip ____________ email___________________________

birth date ____/ ____/ _____ In case of an emergency call: Name____________________
Phone __________________________

IT IS ADVISED THAT YOU CHECK WITH YOUR DOCTOR BEFORE PARTICIPATING IN THIS SWIMMING PROGRAM.

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What are your personal swimming goals for this year?_____________________________________

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Are you interested in participation in swim meets or open water competition?__________________________

At what level have you previously competed? none, age group, high school, college, masters

Where?_______________________________ How many days a week do you currently swim? ___________

Would you be interested in additional workouts what days of the week & what time? ______________________

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Please describe your current level of swimming ability: ____

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What other sports have you participated in? ____

Are you a triathlete? ____________ How many triathlons have you been in? ___________________________

Other comments: ____

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Release and Waiver of Liability

I,__________________________, being of sound mind, understand and agree that I swim at my own risk. I acknowledge that my swimming in any and all activities affiliated with Valley Isle Masters Swimmers are done so fully of my own choice. I, being the only person fully aware of my own strengths and limitations, assume total responsibility for my well-being at all Valley Isle Masters Swimmers club activities. I do hereby release Valley Isle Masters Swimmers, its Board of Directors, Officers, employees, contractors, and any members thereof, the County of Maui, or any employee thereof, for any injury or death claim that I, or those acting on my behalf might incur, or sustain during, or following any Valley Isle Masters Swimmers activity.

Further, recognizing dangers of swimming at a major swimming pool in the absence of a lifeguard, but being a competent water person and a member of United States Masters Swimming, in consideration of being permitted by the County of Maui to use the swimming pools, for myself, my heirs, and person representatives, hereby waive any and all claims for damage, injury or loss to my person, or property, which I, or they may have against the County of Maui, the State of Hawaii, United States Masters Swimming, Valley Isle Masters Swimmers, their respective officers, employees, agents, or any other person, by reason of using the aforesaid swimming pool.

Specifically, I assume the risk of drowning while swimming in the absence of a lifeguard.

dated at_______________________,Maui, Hawaii, this_______day of _____________20____.

Signed: ____

mail to: VIMS, P.O. Box 424, Puunene, HI 96784
questions? contact Janet: 280-2756, coachjanet@mastersswimmaui.org