



June 9-12, 2011
REGISTRATION FORM
(Please Print Clearly)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Gender: M / F Occupation: _____

Email: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact Person: _____ Contact #: _____

USMS Club Team: _____ 2011 USMS Registration #: _____

Best Stroke: _____ Favorite Event: _____

Practice Suite Size _____

Weekly Work Out – Please Circle the Average Swimming Yards You Train in a Week:
5,000 – 10,000 10,000 -15,000 15,000-20,000 20,000-25,000 25,000-30,000

What is your favorite swimming accomplishment?

What would you like to achieve or improve by attending the camp?



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BILLING

(Please Print Clearly & Return in Enclosed Envelope)

Sanctioned by LMSC for North Carolina for USMS, Inc. Sanction # 131-02C

**Camp attendees/ Swimmers must be registered with USMS for 2011, USMS One Day
Registration will not be allowed. USMS rules govern the camp.**

Billing information – (If different from swimmer registration form)

First Name: _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Home Phone #: _____ **Cell Phone #:** _____

Camp Fee per Participant: \$1,800 single room occupancy, meals included*
\$1,500 double room occupancy, meals included (based on availability)
\$1,200 no room or meals included

Checks are to be made payable to: SwimMAC Medalist Club

Mailing Address: SwimMAC Carolina – Medalist Club
9850 Providence Road
Charlotte, NC 28277

Credit Card Number: _____

Expiration Date: _____ **Card Security Number:** _____

Credit Card Type: Visa Master Discover American Express

Signature: _____

***Approximately 50% if each registration fee will be credited as a tax deductible donation**



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Read and Sign this 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 and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES OR ANY INDIVIDUALS OFFICIATING AT THE MEET OR SUPERVISING SUCH ACTIVITIES. In addition I agree to abide and be governed by the rules of USMS.

Signature: _____ **Date:** _____

Print Name: _____

Camp Mailing Address: **SwimMAC Carolina – Medalist Club**
9850 Providence Road
Charlotte, NC 28277