



NICKEL CITY SPLASH

MASTERS SWIM TEAM

MEMBERSHIP APPLICATION

1 PROVIDE CONTACT AND BACKGROUND INFO

NAME		PREFERRED PHONE	()
ADDRESS 1		OTHER PHONE	()
ADDRESS 2		YEARS IN USMS	
CITY, STATE, ZIP		YEARS IN NCAA	
E-MAIL		YEARS IN USS / OTHER	

2 CHOOSE YOUR PAYMENT OPTION

FULL YEAR 3 DAYS/WEEK	\$200	SINGLE SEASON 3 DAYS/WEEK	\$75
FULL YEAR 1 DAY/WEEK	\$75	SINGLE SEASON 1 DAY/WEEK	\$30
<i>MAKE CHECKS PAYABLE TO: UB FOUNDATION</i>			
FALL SEASON	DUE OCTOBER 1	OCTOBER 2 – FEBRUARY 1	
SPRING SEASON	DUE FEBRUARY 1	FEBRUARY 2 – JUNE 1	
SUMMER SEASON	DUE JUNE 1	JUNE 2 – OCTOBER 1	

3 CONFIRM YOUR ELIGIBILITY

USMS MEMBERSHIP NUMBER		USMS EXPIRATION DATE	
<p>I HEREBY COVENANT AND AGREE WITH THE NICKEL CITY SPLASH MASTERS SWIM TEAM, THE THE UNIVERSITY AT BUFFALO, THE COACHES, OFFICERS, AGENTS, EMPLOYEES, AND ALL PERSONS ENGAGED AS COACHES OR ADMINISTRATORS IN ANY PROGRAMS IN WHICH I MAY BE A PARTICIPANT, TO INDEMNIFY AND HOLD HARMLESS EACH AND EVERY ONE OF THEM FROM AND AGAINST ALL CLAIMS, LIABILITY, LOSS COST, DAMAGES, AND EXPENSES WHICH MAY ARISE OUT OF OR IN CONNECTION WITH THE USE BY ME OF SUCH FACILITIES. INCLUDING WITHOUT LIMITATIONS, ALL CLAIMS I MIGHT HAVE FOR PERSONAL INJURY OR PROPERTY DAMAGE TO MYSELF OR SO ARISING. I UNDERSTAND THAT SWIMMING IS A PARTICIPATION SPORT AND I AM FULLY AWARE OF THE RISKS AND HAZARDS IN OR ARISING FROM MY USE OF OR PRESENCE UPON THE FACILITIES. I UNDERSTAND THAT I MUST CARRY MY OWN PERSONAL MEDICAL INSURANCE. I ALSO GIVE CONSENT TO RECEIVE FIRST AID AND EMERGENCY TRANSPORT TO THE NEAREST MEDICAL FACILITY.</p>			
SIGN WAIVER		DATE WAIVER	

4 FOLLOW THROUGH

WRITE DOWN COACH'S E-MAIL ADDRESS	BOYLBN11@MAIL.BUFFALOSTATE.EDU
WRITE DOWN TEAM WEBSITE ADDRESS	HTTP://NICKELCITY.WIKIDOT.COM
JOIN LISTSERV AND VOICEMAIL NOTIFICATION LISTS	(INSTRUCTIONS ON WEBSITE)