



# 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	<b>\$375</b>	SINGLE SEASON 3 DAYS / WEEK	<b>\$160</b>
FULL YEAR 1 DAY/WEEK	<b>\$200</b>	SINGLE SEASON 1 DAY / WEEK	<b>\$120</b>
<b>MAKE CHECKS PAYABLE TO: UB FOUNDATION</b>			
ANNUAL MEMBERS PAY ON <b>OCTOBER 1<sup>ST</sup></b> ; SEASONAL PAYMENT DUE DATES ARE <b>SEPTEMBER 1<sup>ST</sup>, JANUARY 1<sup>ST</sup>, AND MAY 1<sup>ST</sup>.</b>			
NEW MEMBERS' DUES ARE PRO-RATED TILL THE NEXT ANNUAL OR SEASONAL DATE.			

## 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 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>	
SIGNATURE:	DATE:

## 4 FOLLOW THROUGH

WRITE DOWN COACH'S NAME & E-MAIL	➔	MICHAEL CAMPER <MCAMPER@BUFFALO.EDU>
WRITE DOWN TEAM WEBSITE ADDRESS	➔	HTTP://NICKELCITY.WIKIDOT.COM
JOIN E-MAIL LIST	➔	FOLLOW INSTRUCTIONS ON WEBSITE
JOIN FACEBOOK GROUP	➔	FACEBOOK.COM/GROUPS/17902651712/