

**GRANITE STATE PENGUINS ATHLETIC CLUB
2010/2011 MEMBERSHIP/GUEST APPLICATION**

Member _____
Guest _____

| | | | | |
|----------------|------------|------------|--------------------------|------------|
| Last Name | | First Name | | MI |
| Street Address | | | | |
| City/State/Zip | | | Date of Birth (mm/dd/yy) | Sex M F |
| Home Phone | Work Phone | | Cell Phone | |
| E-mail Address | | | | |

OK to publish contact information in the password protected area of the web site? Y _____ N _____

NOTE: For insurance reasons, **all swimmers**, regular members or guests, **must** be members of US Masters Swimming. The Granite State Penguins Athletic Club requires that, when joining and at each renewal, each member and guest must provide a copy of their valid US Masters membership card or must provide proof of pending membership (such as a signed USMS registration form and check). The only exceptions are members of US Swimming, who may swim **only** if a US Swimming certified coach is on deck. Additionally, a guest is allowed one 30 day trial period before joining US Masters.

| Payable to Granite State Penguins | |
|--|-------|
| Sept. – Aug. | \$250 |
| March – Aug. | \$150 |
| Seniors (65+) Sept. – Aug. | \$150 |
| Monthly (applicable to yearly fee) | \$50 |
| Daily (4 days applicable to yearly fee) | \$5 |

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Insurance requirements acknowledgements:

- *A US Masters member or US Swimming coach must be on deck at all times during practice. (lifeguard certification not required) You must be signed up for a future deck_duty assignment whenever you swim. New members are granted a 2 week grace period before a deck duty signup is required.*

initial

- *All water entries must be feet first except for practice dives from the blocks.*

initial

US Masters membership number _____ expiration date _____

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Do you have any medical condition that affects your ability to participate in physical activities or which could require special care in the event of an accident? Y _____ N _____

Please explain _____

Emergency contact: _____ Phone(s): _____

WAIVER: 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 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 GRANITE STATE PENGUINS ATHLETIC CLUB 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: GRANITE STATE PENGUINS ATHLETIC CLUB OR INDIVIDUAL MEMBERS THEREOF, THE BOYS AND GIRLS CLUB OF NASHUA, OR ANY OTHER FACILITY USED BY THE GRANITE STATE PENGUINS ATHLETIC CLUB.

Member/guest signature _____ Date _____