

# Central Oregon Masters Aquatics

## Membership Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

### Annual Membership Dues (Jan 1 - Dec 31): \$20

1. Is this your first time joining COMA? Y or N

2. Facilities I swim at (circle all that apply):

JSFC (Bend)      ACB (Bend)      CSC (Redmond)      SAC( Sisters)      MAC (Madras)  
Sunriver      Remote (other)

3. Please check or indicate below any of your volunteer interests:

Social Events (help with parties and other social gatherings) \_\_\_\_\_

Foster Lake Open Water Event \_\_\_\_\_

Cascade Lakes Open Water Event \_\_\_\_\_

Pool Meets hosted by COMA \_\_\_\_\_

COMA Board (area interested in) \_\_\_\_\_

New: Adult Learn-to-Swim (USMS program) \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

4. T-Shirt Size - when a Volunteer (Men's style: Small, Medium, Large, X-Large, 2X-Large): \_\_\_\_\_

5. Are you a member of United States Masters Swimming (USMS)? Y or N

### 6. Sign Liability Waiver Below:

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and not been otherwise informed by a physician. I acknowledge that I am aware of the risks inherent in masters swimming (training, competition, and other activities) including possible and permanent disability or death, and agree to assume all those risks. As condition of my participation in the masters swimming program and Central Oregon Masters Aquatics team, or any activities incident thereto, I hereby waive any and all rights to claims for those losses or damages, including all claims for loss or damage by the negligence, active or passive, of the following: United States Masters Swimming, Inc, Oregon Masters Swimming, Inc., Central Oregon Masters Aquatics, host facilities, meet sponsors, meet committees, or any individual officiating at the meets, coaching, sponsoring activities, or hosting team or social functions.

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Please complete application, including a signature. Include check payable to COMA for \$20 to cover your one year membership and mail both to Barb Harris, 61200 Parrell Rd, Bend OR 97702.

**Thanks for being a paid COMA Member!**