

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 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) _____

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.**

Questions? Call Barb at 541-419-5520
Thanks for being a paid COMA Member!