

# USA SYNCHRO

## MEMBERSHIP REGISTRATION



New Member     Renewal

Choose One:     Affiliated     Unaffiliated

Club Name \_\_\_\_\_

→ _____				<b>N S E W</b>
Last Name	First Name	M.I.	Zone	
→ _____				(    )
Address	City	State	Zip	*Phone
→ _____				<b>F / M                      Y / N</b>
*E-Mail Address		*Date of Birth		Gender                      U.S. Citizen

PLEASE SELECT FROM THE FOLLOWING:

- Competitive Athlete \$95                      (circle one: Master    Regular    Collegiate)
- Introductory Athlete (year round) \$45                      (circle one: Recreational    Collegiate)
- 30-Day Trial Athlete    \$15
- \*Professional \$100 (choose athlete type)
- Introductory Official \$40
- Booster \$35
- \*\*Life Member \$1500 payable over a 4 year period
- \*\*President's Club \$1000/Yr. (pay 10 yrs., PC for life)
- Upgrade (indicate new membership and pay difference from old level to new plus \$3 upgrade fee)    \$ \_\_\_\_\_

\* Membership includes a complimentary registration in any athlete category of membership. **Specify membership category.**  
 \*\* Membership includes a complimentary registration in any other category of membership. **Specify membership category.**  
 > Registrations are accepted throughout the membership year. Athlete members joining within two months of the end of one membership year shall be paid for those two months and shall be fully paid through the next membership year.

Please help us with the following optional survey. We are required to report annually to the United States Olympic Committee on our membership's ethnic diversity and disabilities. We do not report on individuals, we only report statistics. The USOC uses these statistics to report to the United States Congress. Participation in this survey is strictly voluntary, however the more information we have from you our members, the better we can serve you with our programs.

- |   |   |
|---|---|
| <p>a. Do you have one of the following disabilities?</p> <p>No <input type="checkbox"/></p> <p>Visually Impaired <input type="checkbox"/></p> <p>Hearing Impaired <input type="checkbox"/></p> <p>Physical Disability <input type="checkbox"/></p> <p>Cognitive Disability <input type="checkbox"/></p> | <p>b. Are you (Please check one)</p> <p>African American <input type="checkbox"/></p> <p>Asian or Pacific Islander <input type="checkbox"/></p> <p>Caucasian <input type="checkbox"/></p> <p>Hispanic <input type="checkbox"/></p> <p>Multi-Ethnic <input type="checkbox"/></p> <p>Native American <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> |
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**WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in U.S. Synchronized Swimming ("USA Synchro") events, activities, or programs, I acknowledge and agree that:

1. I understand that I or (if the participant is a minor) my child or ward, will be engaging in travel and activities that involve the risk of serious injury, including permanent disability and death, severe social and economic losses and other loss including damage to property.
2. I knowingly and freely assume all such risks.
3. I, for myself, my minor child or ward, and on behalf of my and their heirs and assigns, release, waive, discharge and covenant not to sue U.S. Synchronized Swimming, Inc., its officers, agents, employees, and sponsors as well as its affiliate clubs, from any and all liability for any and all claims, demands, losses or damages on account of injury, including death and damage to property, whether caused by negligence or otherwise.
4. If the participant is a minor, I consent to the collection of personal information regarding my child or ward through USA Synchro's online Membership Management System, as "personal information" is defined in USA Synchro's On Line Privacy Statement.
  - a. I [do] [do not] consent to my child or ward, as applicable, being listed in the USA Synchro Directory.
  - b. I [do] [do not] consent to my child or ward, as applicable, receiving from USA Synchro electronic communications, such as an electronic newsletter, and information concerning programs and other opportunities offered by USA Synchro.
  - c. I [do] [do not] consent to allow USA Synchro to divulge information concerning my child or ward to third persons.

**Opt-Out of Collection of Personal Information:** The parent or guardian has the option to agree to the collection and use of the child's information without consenting to the disclosure of the information to third parties. USA Synchro shall not require a child to disclose more information than is reasonably necessary to participate in an activity as a condition of participation. The parent or guardian can review the child's personal information, ask to have it deleted and refuse to allow any further collection or use of the child's information. USA Synchro will change the contents of any personal information of a child maintained by USA Synchro at the request of the child, parent or guardian. In order to maintain membership for a person, regardless of age, USA Synchro must maintain certain personal information regarding the member. The parent or guardian understands that if s/he requests that such information be deleted from its online Membership Management System, USA Synchro will advise the participant that s/he cannot continue to be a member. You may find our privacy policy and the procedures for opting out under the membership section of [www.usasynchro.org](http://www.usasynchro.org).

**Emergency Contact Information:** *please provide emergency contact info for each member*

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Participant's Name (Print) \_\_\_\_\_

*\*If athlete is less than 18 years of age, the parent or legal guardian must also sign.*

This is to certify that, as parent/guardian of this participant; I do consent to his/her waiver and release as set forth above and also agree to assume all such risks and to waive the right to sue the releases.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Relationship \_\_\_\_\_

**WAIVER AND RELEASE FORM MUST BE COMPLETED BY ALL MEMBERS EACH YEAR**

***If you are under the age of 18 or your Club Representative is signing you up for membership, please give a copy of this form to your Club Representative.***