

Different Strokes Swim Team (DSST)

San Diego, CA

www.dsst.org

Membership form

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ e-mail: _____

Emergency Contact : _____

Emergency Contact Phone: _____

Allergies/relevant medical condition: _____

USMS Card # (if known) : _____

IMPORTANT, please read and sign the following:

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 Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks.

I hereby waive any and all rights or claims for loss or damage arising out of my participation in the Different Strokes Swim team or any activities incident thereto against the Different Strokes Swim team, the City and County of San Diego, their officers, directors and employees and any other organization or individual hosting, sponsoring, organizing, or supervising United States Masters Swimming workouts or meets, as a condition of my participation in the DSST Swimming program. In addition, I agree to abide by and be governed by the rules of US and Southern Pacific Masters, IGLA and San Diego Different Strokes, as appropriate.

Signature

Date