

Different Strokes Swim Team (DSST) Membership Form

1010 University Ave Ste C113 PMB# 1679

San Diego, California 92103-3395

858-863-7781 (858 86-DSST-1)

<http://www.dsst.org/>

Name:

Address:

Phone:

Email:

Would you like to receive the weekly email newsletter?

If you would like your phone on the SMS list for last minute updates please check here and indicate your carrier:

Check If you would like your name in the DSST swimmer directory. Please indicate what other information you would like made public: Email Address Phone

Emergency Contact Name/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