



501 Seabreeze Blvd
Fort Lauderdale, FL 33316

VISITING MASTERS SWIMMER

All visiting USMS swimmers are welcome to train with the Fort Lauderdale Aquatics masters team.

On Deck Coached Workouts are Monday-Friday, 6-7a, 7-8a, noon-1p and 6:15-7:15p and Saturday, 9-10a.

Every visiting swimmer must provide current proof of USMS membership or submit a new membership form and payment before being allowed to train with FLA. Please, no exceptions.

Training Fees are:	DAILY	WEEKLY	MONTHLY
	\$10	\$50	\$100

Please complete the following information, including signature, and return with your payment on or before the first day of practice.

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

NUMBER OF SESSIONS/DATES WITH FLA: _____

Permission to Participate and Liability Release:

I, _____, the above listed applicant and/or the parent/guardian of the above listed child(ren) and family members, agree to participate and/or agree to allow my child(ren) and family members to participate with Fort Lauderdale Aquatics (FLA), and hereby release FLA, the coaches and the staff of FLA, United States Swimming, United States Masters Swimming, Florida Gold Coast Swimming, the City of Fort Lauderdale and the Fort Lauderdale Aquatic Complex and it's staff, their agents and employees from any injury that may occur to myself, my child(ren), or family members while participating in the programs of the FLA, including travel to and from training sessions, scheduled activities, and swimming meets. I hereby agree that I, my child(ren), or family members may travel with the team coaches, staff, or any other person who provides transportation to or from such events or practices. I agree to indemnify and hold harmless the above mentioned, their agents and employees against any and all liability from personal injury, including injuries resulting in death, or damage to property, or both while I, my child(ren), or family members are participating in the program. I agree to reimburse the above parties for any damages they are compelled to pay from any such claims, demand, action or cause of action by myself, my child(ren) or family members.

Signature

Date