

Federal Way Kings

Annual team registration form

Please fill out complete and mail signed form with check to:

Federal Way Kings
P.O. Box 24083
Federal Way, WA 98093

name _____

address _____

city _____

state _____

zipcode _____

home phone _____

work phone _____

email address _____

age _____ birthdate _____

primary swim group

Morning
5:30 am

Brunch
9:30 am

Evening
7:00 pm

fee schedule to bill

\$60/month
1-2 workouts
weekly

\$70 / month
unlimited workouts

Enclosed is a check payable for \$30 made payable to
Federal Way Masters

**W
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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. **As a condition of my participation in the Masters Swimming program or any activities incident thereto, I hereby waive any and all rights to claims for loss or damages, including all claims for loss or damages caused by the negligence, active or passive, of the following: United States Masters Swimming, Inc., the local Masters Swimming Committee, the clubs, host facilities, meet sponsors, meet committees, or any individuals officiating at the meets or supervising such activities.** In addition I agree to abide by and be governed by the rules of USMS.

date

signature