

# Central Oregon Masters Aquatics

## Membership Application for 2006-7

Central Oregon Masters Aquatics (COMA) is a non-profit organization, organized and run by volunteers, whose goal is to provide opportunities for members to develop their full swimming potential within a supportive team environment that promotes fitness, fellowship, and fun.

Benefits of COMA membership include:

- Support of local pool meets, open water swims, fitness activities, and other special events
- One free swim clinic
- Discounts for team-sponsored trips to meets
- Free camping at open water venues when possible
- Invitations to COMA social functions and special events
- Use of COMA training equipment
- Your very own COMA racing cap

Annual fee for COMA membership is \$20 per person or \$30 per household (COMA year runs Nov 1 – Oct 31), and provides the major annual support of this organization and its programs. This inexpensive fee represents the best masters swim team membership value and bargain in the USA, since COMA boasts no additional training or coaching fees.

Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

E-mail addresses will be used for only COMA announcements and general communication purposes.

E-mail address: \_\_\_\_\_

A COMA Social Roster will be distributed only to COMA members for use in team-related administrative or social matters only. Initial the line below to give permission.

\_\_\_\_\_ I give my permission to have my name, phone number and e-mail address included in the COMA Social Roster.

COMA members are expected to volunteer and participate at COMA-sponsored events. If you have a specific talent that you would like to volunteer (computing, hospitality etc.) please list:

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I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and not been otherwise informed by a physician. I acknowledge that I am aware of the risks inherent in masters swimming (training, competition, and other activities) including possible and permanent disability or death, and agree to assume all those risks. As condition of my participation in the masters swimming program and Central Oregon Masters Aquatics team, or any activities incident thereto, I hereby waive any and all rights to claims for those losses or damages, including all claims for loss or damage by the negligence, active or passive, of the following: United States Masters Swimming, Inc, Oregon Masters Swimming, Inc., Central Oregon Masters Aquatics, host facilities, meet sponsors, meet committees, or any individual officiating at the meets, coaching, sponsoring activities, of hosting team or social functions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Make checks payable to Central Oregon Masters Aquatics (COMA)
- Mail to Toni Brown, COMA Membership, P.O. Box 6953, Bend, OR 97708-6953