



# CAMBRIDGE MASTERS SWIM CLUB, LLC

The **Cambridge Masters Swim Club, LLC** is a professionally managed program offering the highest level of instruction, training and enthusiasm for adult swimmers with intermediate through advanced swim skills. CMSC swimmers are diverse in ability, background and goals; but all seek structured workouts. We provide fitness swimmers, competitive swimmers and triathletes with the coaching and swimming experiences needed to achieve their individual goals.

## DROP-IN APPLICATION FORM

Last Name	First Name	Gender	Age	Date of Birth
Permanent Address		City	State and Zip	Home Phone
Local Address (if different)		City	State and Zip	Local Phone
E-mail Address (required-please print clearly)			How Did You Hear About CMSC?	

Name of Insurance Carrier \_\_\_\_\_

Are you a USMS Member? Yes  No  If yes, what is your USMS # \_\_\_\_\_ What is your USMS LMSC? \_\_\_\_\_

Do you work out regularly? Yes  No  Last time you swam? (mo/yr) \_\_\_\_\_

### PERSONAL HISTORY (information will be kept confidential)

Do you have any drug allergies? Yes  No  If yes, please list. \_\_\_\_\_

Are you currently on any medications (prescription/non-prescription)? Yes  No  If yes, please list. \_\_\_\_\_

Are there any medical conditions (such as asthma, heart conditions, etc.) that the coaching staff should be sensitive to? Yes  No

If yes, please list. \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_

Last Name	First Name	Relationship
Address	City	State and Zip
Phone		

### PERMISSION FOR TREATMENT

I, \_\_\_\_\_, authorize EMTs, physicians, nurse practitioners and nurses to hospitalize or secure treatment for me  
(print name)

in the event of a surgical, medical or psychiatric emergency, if I am unconscious or incompetent at the time.

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

### WAIVER OF LIABILITY

I, \_\_\_\_\_, for my heirs, assigns, executors, and administrators, in consideration of Harvard University and Boston  
(print name)

University permitting me to use certain facilities and property in order to participate in the Cambridge Masters Swim Club, Do hereby waive and release any and all rights and claims for damage I may have against Harvard University, Boston University, Cambridge masters Swim Club, their agents, representatives, successors or assignees for any and all injuries to me resulting from the participation in said program.

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

\$10 WORKOUT FEE PAID? (Cash Only) Yes  No  Coach on Deck \_\_\_\_\_

Coach's Signature \_\_\_\_\_

Cambridge Masters Swim Club, LLC, CMSC, is an equal opportunity swim club. The club has an ongoing commitment to affirmative action and the creation of a workout place free of discrimination and harassment. The Club trains, and promotes individuals without regard to race, color, creed, religion, ancestry, sexual orientation, national origin, age, sex, physical or mental disability, being a disabled veteran, veteran of the Vietnam era, or other eligible veteran. At Cambridge Masters Swim Club, LLC, CMSC, we are committed to a fair and equitable workout place where everyone is a respected and valued member of the team.