

Minnewaska Distance Swimmers Association

MDSA • P.O. Box 233 • New Paltz, NY 12561 • (845) 895-5012
www.minnewaskaswimmers.org info@minnewaskaswimmers.org

Swimmer Information Form — 2008 New Membership

PROSPECTIVE MEMBERS: Please bring this filled-out form, along with \$18 (\$15 membership fee + \$3 for photo ID card) cash or check made out to MDSA, to a scheduled test. You may also bring 2 driver's license photos to use for your membership card and pay only the \$15 membership fee. There is also a \$2 pool fee for Moriello & \$1.00 for Rosendale.

PLEASE PRINT CLEARLY:

DATE of TEST: _____

NAME: _____ PHONE(s): (____) _____

LOCAL MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

NOTE: email addresses are **very** important to MDSA and will not be shared; please **PRINT** legibly.

EMAIL: _____

If your local address is seasonal, please provide an alternate address and phone number to enable us to contact you:

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PHONE: (____) _____

EMERGENCY CONTACT — REQUIRED (name and phone): _____

BUDDY LIST: Unless you are sure you'll have a regular swimming companion who is also an MDSA member, you might want to check here to join our computerized Buddy List : .

VOLUNTEER OPPORTUNITIES: We cannot maintain this organization and our minimal membership fee without help from our members. Please consider where you could volunteer. Whatever time you have would be appreciated.

~WE REALLY NEED ACTIVE VOLUNTEERS~

- Computer assistance
- Clerical assistance — mailings, maintaining supplies, phone calls, etc.
- Swimming tester — be part of a team to test new members
- Volunteer guide (see below*) — take a two-hour Saturday or Sunday shift at our MDSA beach to promote safe usage, explain membership criteria to public, etc.
- Treasurer assistance
- Miscellaneous (your suggestions): _____

***Re Volunteer Guides:** On a nice weekend it is often difficult to get into the park after 11AM without a long wait. Last season our Volunteer Guides were allowed immediate entry so they could get to their shifts on time.

MINNEWASKA DISTANCE SWIMMERS' ASSOCIATION ACKNOWLEDGMENT OF RISK AND RELEASE

I affirm that I am a competent swimmer, am in good health, and I am over the age of eighteen. I understand that swimming, especially in unguarded areas, because of its nature, carries with it a possibility of personal injury and possibly death to myself, other participants, and third parties. I understand that in case of emergency lifeguards will not be available to assist in a timely fashion. I acknowledge that the Minnewaska Distance Swimmers' Association (MDSA) has certified me to engage in this activity on State lands only upon my assumption of responsibility for any injury to myself, other participants, or third parties which may result from engaging in this activity.

Therefore, in consideration of the MDSA's certifying me to utilize the "family beach" at Lake Minnewaska to engage in unguarded lap swimming, I hereby assume all risks involved in said activity and forever discharge, release and absolve the MDSA and its officers, board, and volunteers, as well as Swim Without Interference at Minnewaska (SWIM) and its officers and volunteers from any and all liability for damage or personal injury, including death, which may result from my participation in lap swimming in an unguarded area. I furthermore agree to indemnify and keep harmless the MDSA and SWIM and their officers, board, and volunteers from all claims, suits, actions, damages, and costs of every nature and description which might result from the conduct of activities under this permit. This release shall be binding upon my executors, administrators, next of kin, and assigns.

Name (print) Signature Date

Certification by Organization indicating that such individual has complied with testing requirements.

AM'T PAID: _____
CHECK #: _____
DATE: _____