



ROCKLIN AQUATICS MASTERS

P.O. Box 1993 - Rocklin, CA 95677-1993

www.ramsswim.org

NEW MEMBER ENROLLMENT FORM

(please print)

Name (last, first, mi): _____ Spouse's Name: _____

Address: _____ Start Date: _____

City: _____ State: _____ Zip: _____ - _____

Evening Phone: (____) _____ Daytime Phone: (____) _____

e-mail: _____ FAX: _____

Cell Phone: _____

EMERGENCY INFORMATION

Emergency Contact: _____ Relationship to you: _____

Phone: (____) _____ Address: _____

City: _____ St: _____ Zip: _____ - _____

Your Birth Date: _____ Physician: _____

Phone: (____) _____ Health Plan: _____

Medical problems of which the coaching staff should be aware (please specify):

(over, please fill out back, also)

1) How did you hear about Rocklin Aquatics Masters? _____

If from a current member, please give their name: _____

2) How would you describe your swimming ability? _____

3) What are your swimming goals? _____

4) Please list any certificates earned, or swimming related experiences that we may utilize (first aid or CPR certificates, life guard or swim meet experience, etc.): _____

5) I have enclosed the following with this form (everything must be included to enroll):

either

___ I have completed the online PMS registration process or I was already a USMS member and have enclosed a copy of my registration form. (Existing USMS members who would like to change club affiliation, please submit an **Application for Transfer of Club Affiliation Form** to PMS).

or

___ I have filled out the PMS paper registration form and am submitting it with a check to PMS for **\$42** (if registering in **Sept and Oct** the PMS fee is \$32).

___ I have enclosed a check made out to **Rocklin Aquatics Masters (RAMS)** for my first month's dues. The prorated monthly dues structure for new members joining is:

1st - 10th = \$57; 11th - 20th = \$47; 21st - end of month = \$37.

___ I choose to pay dues by the enclosed check once a year in advance for \$684 due on January 1st or twice a year, \$342 on January 1st and \$342 on July 1st, 6 months due in advance.

(This amount can be prorated, at the rate of \$57 per month).

___ I choose the **Automatic Withdrawal** option for paying dues...I have enclosed the **signed AW form** and included a **voided check**. Two members in the same family reduces the dues to \$104 a month (\$52 for each member).

YOUR SIGNATURE: _____ Date _____