

REQUEST FOR ACCESS TO USMS REGISTRATION DATABASE

Name _____

Phone _____

LMSC _____

Position _____ (e.g., Top Ten, Registrar)

USMS website user name _____

(if you do not have a user name, go to the www.usms.org Discussion Forums and register)

USMS CONFIDENTIALITY POLICY

In the course of fulfilling its mission to promote fitness and health in adults by offering and supporting Masters swimming programs, USMS collects and creates confidential information. The purpose of this policy is to ensure that disclosure of confidential information is limited to authorized persons and authorized business purposes.

Directors, employees, contractors and volunteers of USMS shall not disclose, divulge or make accessible confidential information belonging to or obtained through USMS or its members to any person, other than to persons who have a legitimate need for such information and to whom USMS has authorized disclosure. Directors, employees, contractors and volunteers shall use confidential information solely for the purpose of performing services for USMS. This policy is not intended to prevent disclosure where disclosure is required by law.

Examples of confidential information include, but are not limited to:

1. Personal identification information about USMS members, which is any piece of information that can potentially be used to uniquely identify, contact or locate a single person.
2. Negotiations and business arrangements with sponsors, vendors, contractors, lessors and other potential or actual business associates.
3. Proprietary information that allows USMS to be more competitive in the marketplace, such as future marketing or business plans.
4. Information about litigation and/or investigations.
5. Information created or obtained during an employee hiring process.
6. Information created or obtained in the context of an ongoing or former employment relationship, such as salaries and wages, social security numbers, financial information or performance records.

I understand the USMS confidentiality policy and agree to maintain the confidentiality of any information I obtain through the USMS National Registration Database.

Signature

Date

Please print, sign, scan, and email this form to: AnnaLea@usms.org