

AquaTex Swim Team (USA/USMS Swimming)

2009/2010 Short Course Swim Season

Starting August 24th, 2009'

REGISTRATION FORM – Please print clearly

Last Name: _____ Today's Date: _____

Parents' Names: (Mom) _____ (Dad) _____

Address: _____ City & Zip: _____

Home Phone: _____ Work Phone(s): _____

E-mail Address(es): _____

PROGRAMS AND FEES

Program	Days/Times	Monthly Fee
Splashers	1 day/week, Monday, or Wednesday, Friday 4-5pm or 5-6pm	\$40
Novice	Monday, Wednesday, Friday 4:30-5:00pm	\$60
Junior A	Monday through Friday 4:00-5:00pm	\$80
Junior B	Monday through Friday 5:00-6:00pm	\$80
Middle School	Monday through Friday 4-5:30pm	\$90
High School	Monday through Friday 4:30-6pm	\$90
Senior	Monday through Friday 5:00-7:00pm	\$100
Masters	Monday through Friday 5-6pm	\$80

	Swimmer #1	Swimmer #2	Swimmer #3
First Name & Middle Initial:			
Gender & Current Age:			
Date of Birth:			
Swim Program:			
Monthly Coaching Fee:			
Team Registration Fee:	\$50	\$50	\$50
USA Membership Fee:	\$66	\$66	\$66
USMS Membership Fee:	Adults only - \$35	Adults only - \$35	Adults only - \$35

SWIMMERS MUST INCLUDE A COPY OF THEIR BIRTH CERTIFICATE

PLEASE MAKE CHECKS PAYABLE TO (Round Rock Aquatics)

Pay your monthly fees by the 5TH of each month. A \$5 late charge will be applied to delinquent accounts.

Unless you give written notice by the 1st of the month, you are responsible for the month's fee. **All fees are non-refundable.**

OFFICE USE ONLY

AquaTex Swim Team (USA) & (USMS)
FINANCIAL AGREEMENT

I understand that AquaTex Swim Team is a non-profit organization working hard to provide an outstanding, stable, and financially sound competitive swimming program for swimmers of all ages and abilities.

FINANCIAL COMMITMENTS

- annual USA Swimming or United States Masters Swimming membership fee
- monthly or annual coaching fee

All fees are non-refundable and will not be prorated.

A \$5 late fee will be added to monthly coaching fees not received by the fifth of the month.

COMPETING IN SWIM MEETS

Swim Meet participation is optional. There are additional fees associated with entering a meet. If choosing to enter swim meets, the meet entry fees must be paid before the meet occurs. The required "uniform" for meets is a black swim suit, and a team cap, if wearing a cap.

All of the above is clearly understood and agreed to this _____ day of _____ 2008.

Signature of Parent, Guardian, Custodial Parent or Master Swimmer: _____

AquaTex Swim Team (USA) & (USMS)
RELEASE FORM FOR WEBSITE, PRESS RELEASES, DIRECTORY

AquaTex Swim Team asks your permission in granting us the ability to post swimming team photos and swimming action photos of you / your child(ren) on our AQTIX website, www.aquatexswim.org. We are asking each AQTIX swimmer / parent to comply with this request in the hope of maintaining a first-class website with up-to-date information and photos on all team meets and events.

Further, we are asking your permission to use swimming photos of you / your child(ren) in any news releases for local newspapers.

We are also asking your permission to include your name and phone number in a team directory that will only be distributed to team members.

Check the appropriate boxes to grant permission to AquaTex Swim Team to:

- post swimming related photos of myself / my child(ren) on the AQTIX website.
- use swimming related photos of myself / my child(ren) as a part of local press releases to newspapers.
- include the name and phone number of myself / my child(ren) in the team directory.

Swimmer / Parent or Legal Guardian Signature: _____

Date: _____

AquaTex Swim Team (USA) & (USMS)

MEDICAL RELEASE FORM & EMERGENCY INFORMATION – Please print clearly

Last Name: _____ Mom's Name: _____ Dad's name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: (Mom) _____ (Dad) _____
Emergency Contact Person: _____ Phone: _____ Relation/swimmer _____
Family Insurance Company: _____ Group/Policy #: _____

Swimmer's First Name	Birth Date	Allergic to Any Medication	Other Allergies or Special Problems
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is swimmer on regular medication? _____ Please list medication: _____

FAMILY DOCTOR: _____ Phone: _____

Address: _____ City: _____

If you are unable to contact the doctor, please accept this letter as your authority to use the doctor on call in the Emergency Room for any necessary emergency medical treatment.

SIGNATURE: _____ **DATE:** _____
Self, Parent, or Guardian

I, _____ or _____ do hereby give my permission and
Masters Swimmer Parent / Guardian of Above Listed Child(ren)

approval for participation for myself and/or the above named child(ren) in any and all activities sponsored by AquaTex Swim Team and I assume all risk and hazard incident to my / my child's(ren's) participation, including transportation to and from such activities. Accordingly, I waive, release, indemnify and agree to hold harmless the AquaTex Swim Team Coaches and Assistant Coaches, Club Officers, officials, participants and parents from any claim arising out of injury to me / my child(ren) while participating in any and all activities, including, but not limited to, transportation to and from all practice swim sessions, competitive swim meets and other activities sponsored by AquaTex Swim Team.

Furthermore, I know of no impairment or deficiency, physical health or otherwise, that would limit or prohibit me / my child(ren) from participating in practice swim sessions and competition. I agree to advise and make known to AquaTex Swim Team and the Coach any change in the physical health or any other condition that would limit or prohibit me / my child(ren) from participating in practice sessions, competitive swim meets, and other activities sponsored by AquaTex Swim Team.

SIGNATURE: _____ **DATE:** _____

This form is to be available at all AQTx swimming activities.



USA SWIMMING

2010 ATHLETE REGISTRATION APPLICATION

LSC: South Texas Swimming

REG. DATE / OFFICE USE ONLY

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PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME		LEGAL FIRST NAME			MIDDLE NAME		
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PREFERRED NAME	DATE OF BIRTH (MO./DAY/YR.)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
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FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	IF UNATTACHED ENTER UN		MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME
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MAILING ADDRESS

CITY	STATE	ZIP CODE
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AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS
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U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

- DISABILITY:**
 A. Legally Blind or Visually Impaired
 B. Deaf or Hard of Hearing
 C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
 D. Cognitive Disability such as mental retardation, severe learning disorder, autism

- RACE AND ETHNICITY** (You may make up to two choices if appropriate):
 Q. Black or African American
 R. Asian
 S. White
 T. Hispanic or Latino
 U. American Indian & Alaska Native
 V. Some Other Race
 W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

MAIL APPLICATION & PAYMENT TO:

Please give application to your Club Team for processing.

REGISTRATION FEE	
USA Swimming Fee	\$46.00
LSC Fee	\$20.00
TOTAL DUE	\$66.00

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2009, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____.

SIGN HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.
 Check if you would like to learn more about USA Swimming's community initiatives
 Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)