



Westside Aquatics

Practice Group _____

Amount received with Application \$ _____

Westside Aquatics
2009-2010 REGISTRATION APPLICATION

Check One: New Registration _____ Date _____

Current Member _____ USA# _____

SWIMMER'S FULL NAME _____
LAST FIRST MIDDLE

SWIMMER'S PREFERRED FIRST NAME _____

AGE _____ BIRTHDAY ____/____/____ SEX _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ - _____ HOME PHONE _____

SCHOOL/GRADE _____

PARENT'S EMAIL ADDRESS _____

SWIMMER'S EMAIL ADDRESS _____

Refereed By: _____

FATHER'S NAME _____

FATHER'S ADDRESS (IF DIFFERENT FROM ABOVE)

FATHER'S EMPLOYER _____ PHONE _____

MOTHER'S NAME _____

MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE) _____

MOTHER'S EMPLOYER _____ PHONE _____

FINANCIAL INFORMATION

WHO IS RESPONSIBLE FOR PAYMENT OF DUES _____

ADDRESS OF RESPONSIBLE PARTY _____

CITY _____ STATE _____ ZIP _____ PHONE _____

RELATIONSHIP OF RESPONSIBLE PARTY TO SWIMMER

AUTHORIZATION

I hereby give consent for my child(ren) to participate with Westside Aquatics. In consideration of being permitted to participate as a member of Westside Aquatics, I hereby release, discharge and agree to hold harmless Westside Aquatics and it's coaches, members of the Board of Directors, it's volunteers, it's agents and it's employees, together with it's successors and assigns, from any and all liability for injuries to property or person suffered as a result of participation as a member of Westside Aquatics. I give the club authorization to apply for United States Swimming memberships for my child(ren).

I agree that it is the swimmers', their parents/guardians', or designated representatives responsibility to provide transportation to, from and during any program of Westside Aquatics and that any transportation provided by representatives of Westside Aquatics is not being provided on behalf of Westside Aquatics, and is strictly voluntary on the part of the person providing that transportation.

I agree to and will sign the following: "Terms and Conditions for Participation in the Westside Aquatics", and "Medical Release". I also have read and understand the "2008/2009 Fee Structure". I understand that all these forms constitute a legally binding contract.

SIGNATURE / RELATIONSHIP TO SWIMMER DATE

SIGNATURE OF PARTY RESPONSIBLE FOR DUES DATE

APPLICATIONS CANNOT BE ACCEPTED WITHOUT BOTH APPLICABLE SIGNATURES

NEW APPLICANTS-PLEASE COMPLETE THIS SECTION

HIGH SCHOOL TEAM Y OR N IF YES, TEAM _____

USA SWIM TEAM Y OR N IF YES, TEAM _____

DATE OF LAST USA COMPETITION? _____

BEST TIMES: PLEASE SPECIFY SHORT COURSE YARDS, SHORT COURSE METERS, LONG COURSE METERS

FREESTYLE 50 _____ 100 _____ 200 _____ 400/500 _____ 800/1000 _____ 1650/1500 _____

BACKSTROKE 50 _____ 100 _____ 200 _____ BREAST 50 _____ 100 _____ 200 _____

BUTTERFLY 50 _____ 100 _____ 200 _____ I.M. 100 _____ 200 _____ 400 _____

Office Use Only

USS REG FEE WEST REG FEE MONTHLY DUES 1ST PAYMT AMT GROUP ASSIGNED CURRENT DATE