

**WEST AUSTIN AQUATICS at Lakeway USA Swim Team Short Course 2010-2011
REGISTRATION FORM-HEALTH INFORMATION AND MEDICAL RELEASE FORM**

Note: Returning Swimmers only fill out changed info. Parents must sign three places. ALL Swimmers must fill out a 2011 USA Swimming Registration form. NEW WFLY swimmers must bring a copy of their birth certificate, passport, OR a copy of a USA Swim Card.

Swimmer's Name: _____ Birth date: _____ Gender: _____

Swimmer's email: _____ Parents' email: _____

Parents' or Guardians' Name(s): _____

Address: _____ Zip: _____

Contact Numbers: Daytime: _____ Evening: _____ Cell: _____

Previous Swimming Experience: _____

My swimmer is enrolling in (Please Circle): (Individual swimmer placement is at coach's discretion)

Dolphin (5-10 years old, younger with permission from coach) M-Th 3:45-4:45

Shark (11 – 18 years old, younger with permission from coach) M-Th 4:45-6:15

MEDICAL INFORMATION Doctor's Name: _____

Doctor's Telephone: _____ Doctor's Emergency Number: _____

Medical Insurance: _____ Policy Number: _____

Height: _____ Weight _____ Date of last physical exam: _____

Does the swimmer wear glasses or contact lenses? Yes/No

Allergic to any medications or substances? Yes/No List: _____

History of shoulder, back, head, or knee injury? Yes/No (circle all that apply)

History of ear infections? Yes/No

History of seizures? Yes/No

Does the swimmer use an inhaler? Yes/No

Currently taking medicine? Yes/No List: _____

Is the swimmer current on all required immunizations? Yes/No

Are there any other medical problems or condition the coach should know about Yes/No (Please Detail on a separate sheet)

I certify that the above named swimmer is medically and physically able to participate in West Austin Aquatics.

Parent's Signature: _____ Date: _____

Statement of Conduct: During practice, competitions, and other team events, West Austin Aquatics swimmers and parents must always show good sportsmanship, be respectful to coaches, teammates, WAAC and Lakeway staff, and all others at WAAC or Lakeway. At WAAC or Lakeway events, all Club rules must be followed including NO GUM chewing, NO PROFANITY or rude behavior, and NO glass containers. Swimmers are expected to follow all rules and take care of WAAC or Lakeway property. Failure to follow rules will lead to dismissal from practice and reoccurring problems will result in dismissal from team. My swimmer and I understand Lakeway and WAAC rules must be followed at all WFLY practices, competitions, and team functions.

Parent's Signature: _____ Date: _____

Team Release of Liability Form

The above named child is covered by our family insurance. It is understood that West Austin Athletic Club does not provide medical insurance covering injuries of any nature incurred in the West Austin Athletic Club Swim Program but requires that the above named participant must be covered by medical insurance in order to be eligible to join West Austin Athletic Club's Swim Program.

The undersigned hereby releases West Austin Athletic Club, its successor, assigns, officers, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from the participation of the above named participant in the West Austin Athletic Club Swim Program, West Austin Aquatics.

The above named child has my permission and consent to travel with the West Austin Athletic Club's Swim team as necessary to participate in sanctioned swimming meets and training sessions. In the event of illness or injury to said child while traveling to and from, or while participating in meet or training sessions, any official chaperone, manager, or West Austin Athletic Club's Swim coach is hereby authorized to contract for and to authorize treatment by a medical doctor for said child as fully as I could do if I were present. In consideration of said child being permitted to travel with the swimming team, and the further consideration of the coaches and/or other official chaperone accompanying the team, we do hereby release and hold blameless the Swim Program and West Austin Athletic Club, the coaches and official chaperones from any and all claims, liability, costs and expenses arising out of or resulting from said child participating in any meets or training sessions from procurement of medical treatment for said child as foresaid.

Parent's Signature: _____ Date: _____

West Austin Aquatics at Lakeway Fees

Annual USA Swim Registration \$67 (cannot be completed for new swimmers until birth certificate copy is sent in)

Quarter 1: August 30 – November 24

Quarter 2: November 29 – February 24

Quarter 3: February 28 – April 28

Dolphin Quarter 1 & 2 \$245 Quarter 3 \$165

Shark Quarter 1 & 2 \$275 Quarter 2 \$190

Quarter 1-3 (10% Discount if paid at one time) Dolphin \$590, Shark \$668

Fees for Quarter 1 due at registration, Quarter 2 due Nov. 29, Quarter 3 due Feb. 28

Fees paid quarterly. Meet entries and apparel orders will have separate payments.

Fees are non-refundable.

West Austin Aquatics at Lakeway General Check List - Please Read and Initial

As a parent of a WFLY swimmer, I understand the following:

Sportsmanship and Positive Attitude: WFLY prides itself with having a team spirit that supports all swimmers. We will abide by rules, support the team, and volunteer as needed. _____

Registration: USA Swimming requires proper registration which will be completed within two weeks of swimmer's first training day including providing copy of birth certificate or passport. _____

Training fees and meet entries: WFLY has dedicated coaches and utilizes pool space for which team training fees pay. I will attach payment for entries when I enter a meet. I understand if my swimmer is entered into a relay, that charge will be after the meet. (Checks are made out to WAAC. Credit card payments can be made at www.wfly.com) Checks can be given to Coach Lauren, or brought/mailed to WAAC 1024 Patterson Rd. Austin, TX 78733 _____

Meets: South Texas requires team entries be submitted together. I will watch for meet entry information and get my entries in on time. I understand meets are important to young swimmers and will endeavor to attend meets. The meet schedule will be determined by mid-October. _____

Championship Meets: WFLY competes as a team at end of season meets. I will make every effort for my swimmer to attend their championship meet and be part of the WFLY championship team. (High school swimmers during short course season attend a combination of UIL/SPC/TAPS and USA meets.) _____

Uniforms & Equipment: During USA Swimming competitions my swimmers will wear a team cap, suit, and t-shirt. I understand other equipment may be requested for my child's training. _____

Information: Information about WFLY is provided on the bulletin boards, on the WAAC website www.wfly.com, and in a weekly email newsletter. I will provide a current email address to becky@wfly.com and stay current on team activities and deadlines. _____

Team Questions/Concerns: I will ask any and all questions, and voice all concerns. Coach Janet Risser is happy to talk to parents when not coaching. In the office, Becky Shepard and Susan Walsh can also help. The WAAC phone number is 263-4282 _____

Life Circumstances: Many situations affect young athletes. I will let Coach Lauren know if my athlete is sick, injured, or has anything going on the coaches need to know to help make their season successful and help them balance swimming with their other commitments. _____