

WEST AUSTIN AQUATICS USA Swim Team Short Course 2009-2010 Sept. 1 –April 30
REGISTRATION FORM, HEALTH INFORMATION AND MEDICAL RELEASE FORM
Parents must sign three places. ALL Swimmers must fill out a 2010 USA Registration form. NEW WFLY swimmers must bring a copy of their birth certificate 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: _____
 West Austin Athletic Club Member? Yes/No Member # _____
 Previous Swimming Experience: _____

My swimmer is enrolling in (Please Circle): (Individual swimmer placement is at coach's discretion)
 Swimmers are welcome to come to all practices, we recommend coming to at least 2 per week
Goldfish M-Th 3:45-4:15 Sept. 1 – Nov. 19

Dolphin M-Th 4:15-5:15 F TBA Sept. 1 – April 30
Shark M-Th 5:15-6:30 F TBA Sept. 30 – April 30

West Austin Aquatics Program at Lakeway is a part of USA Swimming. The team is designed to help all young swimmers become more proficient with their technique and to gain competitive and social experiences connected to swimming. Competitions are optional. Swimmers will have opportunities to participate in fun developmental swim meets as well as USA Swimming meets. Team practice fees for Dolphin and Shark are due monthly as a convenience to team families during the short course season. Please do not ask us to pro-rate fees for short illnesses, vacations, or homework days. Parents requesting a leave of absence must talk with head Lakeway coach Ginny Walsh or head coach Janet Risser and provide 30 days written notice to Diane Welch in accounting (billing@wfly.com). A re-join fee of \$50 will be charged after a leave of absence when the swimmer returns to practice. Accounting correspondence should be directed to Diane at billing@wfly.com. Team correspondence should go to ginny@wfly.com. In addition to this form, all swimmers will need to complete a 2010 USA Swimming form or Transfer form. New swimmers will need to bring a copy of their birth certificate.

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)

I certify that the above named swimmer is medically and physically able to participate in West Austin Aquatics.
 Parent's Signature: _____ Date: _____

West Austin Athletic Club - USA Swim Team INFO Phone: 263-4282 Web Site: www.wfly.com

Payments can be in cash, by check, or with a debit/credit card through Goggle checkout.

Costs: Annual USA Swimming Registration \$66

Training Fees

Goldfish Sept. 1 – Nov. 19 \$240

Monthly Training Fees for Dolphin and Shark (monthly payments are due the 26th of preceding month.)

Dolphin \$75

Shark \$85

Meet Fees – vary as they are set by the host team. Please pay for entries when you enter a meet. A \$5 surcharge per swimmer goes to WAAC to process meet entries for USA Swimming sanctioned meets.

Team Fees and Volunteer Hours - Due three times a year (Sept, Jan, and May) These fees fund team activities and merchandise such as the t-shirts, coach travel, patches, or anything else needed by the team. Volunteers are needed to run swim meets, fund raise, and plan social activities. Dolphin and Shark, \$20 due in Sept., Jan. and May.

Besides the above mentioned fees, swimmers may be required to wear team gear for competitions and have certain equipment for practice. Coach Ginny will provide information during the season.

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

Parent's Signature: _____ Date: _____

Team Membership Agreement & Release of Liability Form

Please Read this Section Carefully I, the undersigned parent or legal guardian of _____ agree that this membership on the West Austin Athletic Club's Swim team, West Austin Aquatics at Lakeway, is subject to the following terms and policies: I agree to abide by the rules of West Austin Athletic Club and the Lakeway Pool and to adhere to good sportsmanship at all swim team activities.

This team membership agreement, along with a Registration Form and USA Swimming Form, must be signed upon registration. A copy of the swimmer's birth certificate as per USA Swimming rules needs to be provided The USA Swimming membership fee, the registration fee, and training fees must be paid or billed to WAAC club members in order to complete the registration process. A new team member will not be allowed to train until these fees have been paid in full. Former team members with outstanding balances from the past season must pay those bills first before their registration will be processed.

USA Swimming membership fees include liability insurance protection during training sessions, meets, and team travel to and from meets and training sessions.

I agree to be fully responsible for the payment of all charges incurred for training fees, entry fees for meets, charges from the WAAC's snack bar or sport's shop, and other charges billed. I understand that the West Austin Athletic Club's Swim Program reserves the right to terminate memberships where unpaid account balances remain outstanding for over sixty (60) days. I also understand each family must volunteer as needed and described by WFLY coaches.

I agree to notify West Austin Athletic Club's Swimming coaches if I find it necessary to cancel this team membership or if my child will not be attending for a particular time period. I understand if my child is taking a leave from the swim team then I must give 30 days written notice before the leave begins. Monthly fees will be waived during the leave and a rejoin fee of \$50 must be paid when the swimmer returns. Monthly leaves must be for two or more months.

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.

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 at Lakeway.

Signed _____

Name _____ Parent or Legal Guardian Date _____