

**WAAC Flyers Late Summer Swim Team - 2011 Registration**  
**West Austin Athletic Club**

*Please print legibly*

Name of Parent/Legal Guardian: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

| Swimmer's Name | Gender | Birth date | Past swim team experience |
|----------------|--------|------------|---------------------------|
|                |        |            |                           |
|                |        |            |                           |
|                |        |            |                           |
|                |        |            |                           |
|                |        |            |                           |

**Swim Team Fees:**

**LATE Summer REC Team July 18 – August 18**

**Cost: \$75**

Checks should be made out to West Austin Athletic Club or you can pay with a credit card online at [www.wfly.com](http://www.wfly.com).

**Medical Information & Parental Consent:**

I, the minor's parent and/or legal guardian, understand the nature of fitness activities of West Austin Athletic Club's Swim Teams, and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO IDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees (West Austin Athletic Club, their administrators, directors, agents, owners, members, volunteers, and employees) from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise including negligent rescue operations, and further agree that if, despite this release, I, the minor's parent and/or legal guardian, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cause any may incur as the result of any such claim.

I give West Austin Athletic Club and its Releasees permission to perform medical treatment for the minor child as needed. Included below or on an attached sheet is information about my child's medical history and emergency contacts.

I GIVE OR DO NOT GIVE my child permission to go down the water slide and off the diving boards.

Parent's Signature & Date: \_\_\_\_\_

Doctor to call in emergency: \_\_\_\_\_

Please list on another sheet any medical information that the WAAC staff should know including allergies, medications, disorders, seizures, asthma, **anything** you think is important to help your swimmer and attach to this sheet.

Practice Times: **Monday – Thursday**

**8-9 am all ages**

**3:45-4:30 8 & younger**

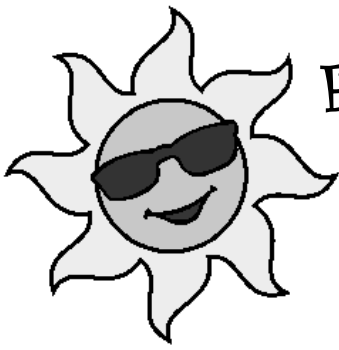
**4:30-5:30 10 & younger**

**5:30-6:30 9 & older**

**Fridays Swim & Breakfast**

**July 22 & 29 at Lakeway 9 am, Aug. 5 & 12 at WAAC 9 am**

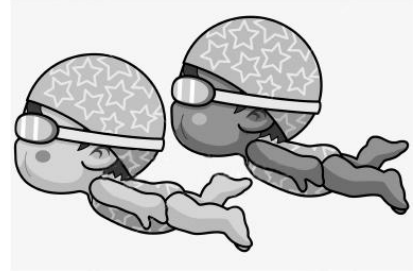
This team will have social and competitive opportunities for which parent help will be needed.  
 . Please contact Coach John at 656-8195 with questions or visit the website at [www.wfly.com](http://www.wfly.com).



# Flyers Late Summer Swim Team

Continue the FUN!! Come join us!!

- \* Improve freestyle, backstroke, breaststroke, & butterfly
- \* Swim further and faster
- \* Learn better starts, turns, and finishes
- \* Have fun at every practice
- \* Play water games and become a stronger swimmer
- \* Short competitions designed to show improvement
- \* Positive environment celebrating the swimmer in each person



July 18 - August 18

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