



# RIO SALADO SWIM CLUB

## COMPETITIVE TEAM NEW MEMBER PAPER WORK

### DIRECTIONS

1. **SCHEDULE A PARENT/ATHLETE APPOINTMENT AT OUR CLUB OFFICE** by calling 480-897-7946. Our office is located inside the EVO Swim School at 868 N. Gilbert Rd. Suite 100 Gilbert, AZ 85234 (NW Corner of Gilbert and Guadalupe inside the EVO Swim School)
2. Completely fill out the **ATHLETE INFORMATION FORM**
3. Compete and sign the **USA REGISRATION AND/OR TRANSFER FORM**
4. Make your **PAYMENT (cash or check only)**
5. Purchase required **TEAM APPAREL & TRAINING EQUIPMENT**
  - a. Team uniform package
  - b. Fins, paddles, center-mount snorkel, kick board & mesh bag

<b>Joining or Re-joining Fee</b>	<b>\$_____</b>
<b>First Month Dues (see below)</b>	<b>\$_____</b>
<b>USA Registration Fee (if applicable)</b>	<b>\$_____</b>
<b>Other</b>	<b>\$_____</b>
<b>Total Due</b>	<b>\$_____</b>

### Competitive Team Monthly Dues:

\$125	National Group
\$120	Gold Group
\$110	Silver Group
\$95	Bronze Group
\$85	Blue Group
\$60	Green Group

**COMPETITIVE TEAM**  
**Athlete Information Form**  
(Please Print Legibly)

**Practice Facility:** \_\_\_\_\_

**Assigned Practice Group:** \_\_\_\_\_

**Joining Date:** \_\_\_\_\_

**Athlete:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M / F Age: \_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Emergency Contact Name (other than parent/guardian): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

List any past or existing medical conditions: \_\_\_\_\_

List any medications this child is currently taking: \_\_\_\_\_

Other comments regarding medical status of this child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian**

Primary Contact Name (last, first): \_\_\_\_\_ Billing via email? Y / N

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Primary Contact Work Phone #: \_\_\_\_\_

Primary Contact Cell Phone #: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Secondary Contact Name (last, first): \_\_\_\_\_

Secondary Contact Work Phone #: \_\_\_\_\_ Secondary Contact Cell Phone #: \_\_\_\_\_

Secondary Contact Email Address: \_\_\_\_\_

How did you learn about our club? \_\_\_\_\_

Official Use Only
BM Data ____ BM Billing ____ USA Registration ____ Fundraising Pro-Rate List ____ Policy Information ____



PLEASE PRINT LEGIBLY & COMPLETE ALL INFORMATION:

LAST NAME LEGAL FIRST NAME MIDDLE NAME

PREFERRED NAME DATE OF BIRTH (MO./DAY/YR.) SEX (M/F) AGE CLUB CODE NAME OF CLUB YOU REPRESENT

FATHER/GUARDIAN LAST NAME FATHER/GUARDIAN FIRST NAME MOTHER/GUARDIAN LAST NAME MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE TELEPHONE NO.

YES  NO

MAKE CHECK PAYABLE TO: U.S. CITIZEN?

YOUR SWIM TEAM

MAIL APPLICATION & PAYMENT TO:

YOUR SWIM TEAM

ARE YOU A MEMBER OF ANOTHER FINA

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

REGISTRATION FEE	
USA Swimming Fee	\$45.00
LSC Fee	\$12.00
<b>TOTAL DUE</b>	<b>\$57.00</b>

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.

FEDERATION? YES NO

IF YES, WHICH FEDERATION:

EAR LAST REGISTERED: \_\_\_\_\_ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT CLUB CODE: \_\_\_\_\_ LSC CODE: \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: \_\_\_\_\_

IGN  
ERE x \_\_\_\_\_  
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES

## 2009 Registration Instructions

Welcome to United States/Arizona Swimming!! The instructions below are only for the completion of this form and may not represent all the forms etc., necessary to register with our respective club

- Fully complete the above form. A signature is required. If the athlete is under the age of 18, a parent or guardian must sign.
- Turn the completed, signed form into your Club with your payment made out to the Club (Note: Some Clubs handle payments differently – please check with your Club Registrar.)
- If this is the first time an athlete has been registered with USA Swimming, a copy of the athletes' Birth Certificate must be provided to the Club.

# Arizona Swimming, Inc.

## Athlete Transfer Form

(There is no fee for Transfers)



### I am a USA Swimming registered athlete and I wish to....

Check One

Transfer from one club to another club within Arizona Swimming, Inc.

Transfer to a club in Arizona Swimming, Inc. from another LSC (State)

**Note:** Athletes from LSC other than Arizona must submit a copy of their current LSC (State) registration card.

### My current information is... (as it appears on current USA Registration Card)

\_\_\_\_\_  
Last                                      First                                      Middle                                      Preferred name

\_\_\_\_\_  
USA Swimmer ID (14 digits)                                      Club Name & Club Abbreviation

\_\_\_\_\_  
Current mailing address                                      City, State & ZIP

### My new information is...

check here  
to change

\_\_\_\_\_  
New Club Name                                      New Club Code

\_\_\_\_\_  
Home Address                                      City, State & ZIP

\_\_\_\_\_

\_\_\_\_\_  
Phone Number  
e-mail

### My last competition (meet) with my old team was....

\_\_\_\_\_  
Exact Dates                                      Name of Meet & Host Club

### Statement of Transfer & Good Standing

I understand that I must wait 120 days from my last competition representing my previous club before I can represent my new club in competition. I will swim UNATTACHED in any meets I participate in during these 120 days. I will not swim on any club relays until my 120 days have elapsed. I also certify that I am in good standing with my previous club / LSC and that all information is true and correct to the best of my knowledge.

Signature

Date

**Note: If athlete under 18, parent or guardian must sign.**

**Send to:** Arizona Swimming, Inc.  
1212 E Osborn Rd Suite 107  
Phoenix, AZ 85014

Fax 602-266-9223  
e-mail [registration@azswimming.org](mailto:registration@azswimming.org)

# MERCHANDISE & TRAINING EQUIPMENT

**Athlete Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

REQUIRED EQUIPMENT	Price	Circle Size	Quantity	Total Price	Delivered
HYDRO FINS	\$40.43	2-3 / 4-5 / 6-7 / 7-8 8-9 / 10-11 / 12-13			
FLEX FINS	\$29.11	12-1 / 1-3 / 3-5 / 5-7 7-9 / 9-11 / 11-13 / 13			
KICK BOARD	\$16.17	N/A			
EQUIPMENT TOTE	\$11.32	N/A			
SNORKEL	\$37.73	Adult Size / Youth Size			
STROKEMAKER PADDLES	\$21.30	N/A			

REQUIRED TEAM APPAREL	Price	Contents	Quantity	Total Price	Delivered
TEAM UNIFORM PACKAGE - FEMALE	\$80.85	Suit / Shorts / T-shirt / Latex Cap Circle sizes for each item below		Add \$6.47 for silicone cap	
TEAM UNIFORM PACKAGE - MALE	\$75.46	Suit / Shorts / T-shirt / Latex Cap Circle sizes for each item below		Add \$6.47 for silicone cap	

ADDITIONAL APPAREL	Price	Circle Size	Quantity	Total Price	Delivered
FEMALE TEAM SHORTS	\$16.17	Youth: M / L Adult: S / M / L / XL			
MALE TEAM SHORTS	\$26.95	Youth: M / L Adult: S / M / L / XL			
TEAM T-SHIRT	\$16.17	Youth: M / L Adult: S / M / L / XL			
TEAM POLO SHIRT	\$24.79	Adult: S / M / L / XL / XXL			
TEAM TOWEL	\$18.87	N/A			
FEMALE SUIT (thin strap)	\$56.06	22 24 26 28 30 32 34 36			
FEMALE SUIT (thick strap)	\$56.06	22 24 26 28 30 32 34 36			
MALE SUIT (jammer)	\$37.73	22 24 26 28 30 32 34			
MALE SUIT (brief)	\$32.34	22 24 26 28 30 32 34			
LATEX CAP	\$5.39	N/A			
SILICONE CAP	\$10.78	N/A			

\*ALL PRICES INCLUDE TAX

\*PAYABLE TO EVO SWIM SCHOOL (cash, check, or charge)

**TOTAL:** \_\_\_\_\_

Official Use Only	
<b>DATE OF PAYMENT:</b> _____	<b>PAYABLE TO EVO SWIM SCHOOL:</b> Cash _____ Check _____ Credit _____