



AQUASTAR

2010 Registration

Also complete a USA Swimming/Gulf Swimming form



New to AQUASTAR Returning

Date _____

Family Name	Address	City	Subdivision	Zip Code
Parent/Guardian	Occupation / Employer	Home phone	Work phone	
Parent/Guardian	Occupation / Employer	Home phone	Work phone	
Cell phones Mom ()		Dad ()		

Parents/guardian (primary) e-mail address for team news and billing: _____

Athletes:

Last	First	MI	Age	M/F	Date of birth	School & grade 2009-10	Team use
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Have any of the above been a member of another competitive team in Gulf Swimming or another LSC (Local Swimming Committee) such as Gulf Swimming? _____. If so, visit our www.swimaqua.org website to download transfer form.

PARENTAL VOLUNTEER REQUIREMENT — AQUASTAR is a volunteer-run organization. We need all members' assistance and support to provide the best swimming experience for our swimmers. As a member of this team, you are required to assist throughout the season. Please circle where you will be able to help:

Parent-on-deck Socials Board/committee member

MEDICAL AUTHORIZATION: The above-named children have our permission and consent while present at AQUASTAR practice facilities, USA Swimming-sanctioned competitions, and other AQUASTAR-approved events to participate in such activities. In the event of illness or injury to any of the above-named children while participating in any such AQUASTAR activity, practice or competition, and in the event a parent or guardian is not present, and after an attempt has been made to reach a parent or guardian of the children informing them of such injury or illness, either the AQUASTAR team coach(es) or official chaperone(s) are hereby authorized to obtain treatment by a medical doctor for said children as fully as a parent or guardian could authorize if he/she were present, it being understood that it is the responsibility of the parent or guardian to maintain the above contact information current and that a cell phone call, if applicable, a phone call to the any/either of the above listed work number(s) during normal business hours (hereby presumed to be weekdays between 8 am and 5 pm) or home number at any other hour shall constitute an attempt to contact the parent or guardian. This authorization shall remain in effect until such time as it is either terminated by written notice to the board of directors of AQUASTAR or is superseded by a more current version.

RELEASE: The undersigned hereby releases and agrees to hold harmless Bay Area Aquanauts, Inc., dba AQUA/STAR/AQUASTAR, its board of directors, coaches, official chaperone(s) and team representatives from any and all claims, liability, cost and expense arising out of or resulting from participation in any such activities as described above, competition, or from the procurement of medical treatment for the above-listed swimmers.

FEE PAYMENT/TEAM POLICIES: I understand that monthly training fees are billed in advance and are due by the 1st of the month, and a late fee will be charged if not received by the 10th of the month. The failure to receive an invoice, or the receipt of a late invoice, does not relieve me of the responsibility to pay on time. I must notify the team treasurer by the first of any month if the swimmer[s] listed above is/are going "inactive" and do not plan to swim that month; otherwise, I am responsible for the full month's fees. I further understand that monthly training fees are not prorated based on the number of days the listed swimmer[s] do or do not attend practice in any given month, nor are they affected by a specific practice pool's availability. I agree to abide by the AQUASTAR/Bay Area Aquanauts team policies as posted and updated periodically on the team's website. I fully understand it is my responsibility to make myself aware of the existence of these policies, and keep myself updated on any changes made to these policies which may be made by the team's board of directors.

BY-LAWS: I agree to abide by the by-Laws of AQUASTAR/Bay Area Aquanauts, including grievance procedures, as posted on the team's website. I fully understand it is my responsibility to make myself aware of the existence of these by-laws, and keep myself updated on any changes made to the by-laws, which may be amended per the procedures therein.

Signature of parent/guardian _____