



Welcome to Betta Fish! We value your participation and are pleased to have you with us.

The following is a contract packet to register your swimmer(s). Please complete the packet and return the needed information. If you have any questions along the way, please ask Chad (SWAC Head Coach), Diane Wilson (SWAC Business Manager) or any Board member for assistance.

At the first lesson: Please provide your swimmer's completed lesson registration packet, and full payment of lesson session
Retaining a completed copy of the full lesson registration packet is encouraged.

Registration Checklist

1. _____ Complete the lesson registration packet including the following documents.
 - (a) Registration checklist
 - (b) Betta Fish lesson agreement form for each swimmer
 - (c) Computer information sheet
 - (d) Medical information sheet
 - (e) Permission to Photograph/videotape
 - (f) List of instructional dates

2. _____ Provide full payment before first day of practice (addressing checks to SWAC, posting to PO BOX 9734 Fort Wayne, IN. 46899)

Fee Calculation Table	Cost of full session	# of swimmer(s)	Total session cost
Fall session (32 classes)	\$235.00		
Fall Session (32 classes) "Sibling Discount" This discount is for families that already have children in the SWAC program	\$145.00		

Congratulations!
You have successfully registered your swimmer(s) for Betta Fish



COMPUTER INFORMATION

Swimmer(s) information

	Swimmer 1	Swimmer 2	Swimmer 3
Name			
First			
Middle [in full]			
Last			
Gender [check one]	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female
Date of birth [mm/dd/yyyy]			
Current age			
Training group [if known]			
Email address* [swimmer's]			

Parent/Guardian information

	Guardian/Parent	Guardian/Parent
Name		
Relationship to swimmer(s)	<input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> grandparent <input type="checkbox"/> other	<input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> grandparent <input type="checkbox"/> other
Home address		
Address line 2		
City/State/Zip		
Billing address same as above?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Phone		
Home		
Work		
Cell		
Email*		

*SWAC uses e-mail extensively for club communications. It is important that we are able to contact your family electronically. You may also list swimmer e-mails.



MEDICAL INFORMATION SHEET

Please complete one form per swimmer

Swimmer's Name

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First Middle Last

Home/primary address

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Street City State Zip

SS#	Date of birth		Gender <input type="checkbox"/> male <input type="checkbox"/> female
		mm/dd/yyyy	

Current medication	Last tetanus injection	
		mm/dd/yyyy

Special health problems or allergies

Primary care doctor's name	Hospital preference
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Doctor's primary clinic	Clinic phone #
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Insurance information/policy holder

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First name Middle Last

Medical insurer	Grp #
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Subscriber ID#	
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Emergency contact	Contact phone number
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AUTHORIZATION FOR MEDICAL TREATMENT

I (we) realize that my (our) minor-aged child named in the above section of this sheet, while participating in SWAC practices, swim meets or other SWAC sponsored events, may become injured to a degree which would require medical attention. I (we) authorize SWAC or its agent to make decisions which shall be deemed reasonable and prudent in acquiring proper medical attention. In addition, I (we) authorize any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to my (our) child under the general or special license to practice medicine in the state which the event is being held. In such cases, SWAC or its agent shall make all attempts to contact myself (ourselves), the listed doctor, or alternative contact person for verbal authorization of treatment.

Dated this _____ day of _____ 201__.

(Signature of Parent or Legal Guardian)



Permission to Photograph /Videotape

The SWAC swim team may photograph/videotape my child at swim meets/practice for the purpose of illustration in any advertising or publicity media for the team or for the purpose of educational videos for the team/Coaches to use in training.

I give my permission for my child to be photographed/videotaped at swim meets/practice during the 2013 swim year.

Swimmers name _____

Parent/Guardian Signature _____

Date _____



2013 Fall Class Schedule

	Monday	Tuesday	Thursday
Sept.	16th	17th	19th
	6:50-7:30	6:50-7:30	6:50-7:30
	23rd	24th	26th
	6:50-7:30	6:50-7:30	6:50-7:30
	30th	Oct. 1st	Oct. 3rd
Oct.	6:30-7:10	6:50-7:30	6:50-7:30
	7th	8th	10th
	6:30-7:10	6:50-7:30	6:50-7:30
	14th	15th	17th
	6:30-7:10	6:50-7:30	6:50-7:30
	21st	22nd	24th
	6:30-7:10	6:50-7:30	6:50-7:30
	28th	29th	
	6:30-7:10	6:50-7:30	
Nov.	4th	5th	7th
	6:30-7:10	6:50-7:30	6:00-6:40
	11th	12th	14th
	6:30-7:10	6:50-7:30	6:00-6:40
	18th	19th	21st
	6:30-7:10	6:50-7:30	6:00-6:40
	25th	26th	
	6:30-7:10	6:50-7:30	
Dec.	Dec. 2nd		
	6:30-7:10		