



WELCOME TO Waves!!

New Swimmer Registration

Please take time to visit our team website at www.wavesaquatics.com.

You can find important information at the Waves website related to our **swim team calendar** with a schedule of **practice times** and sessions, as well as a listing of **upcoming swim meets** that our coaches have chosen to attend as a team and **special events** like team barbeques, new silicon swim cap orders and movie nights.



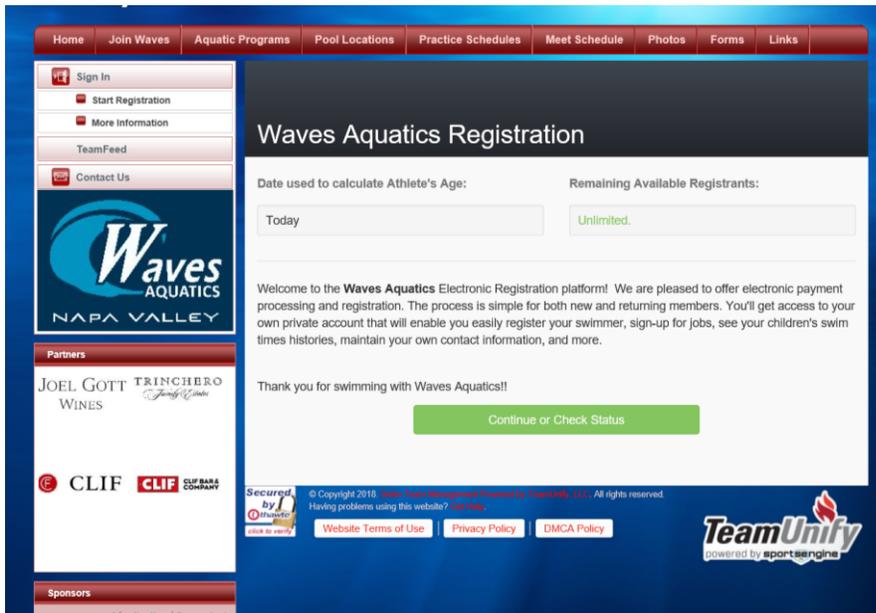
NEW SWIMMER REGISTRATION

We require online swimmer registration and the link can be found under the “Sign In” tab. Active.com is the host for this process and you will need to setup an account with them if you don’t already have one. USA Swimming registration is still handled on paper and the form can be found at the bottom of the swimmer registration page.

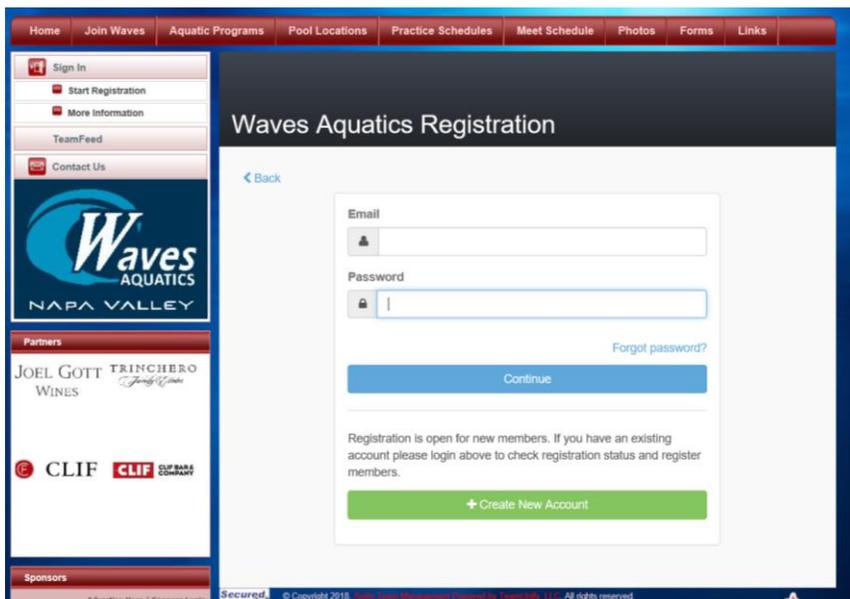
How to register your swimmer online:

1. Click **Start Registration** on the left menu of the Home Page.

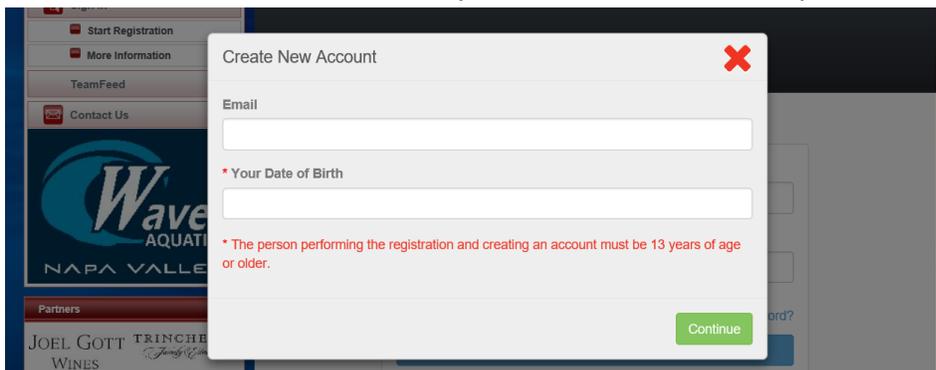
2. Click the green box, **Continue or Check Status**



3. Click the green box, **Create New Account**



4. Enter the Parent **email address** for the team to contact you and **YOUR date of birth**. This is the account information. You will add your swimmer later in the process.



- 5.
6. Fill out the information as completely as possible for complete registration. The first page only contains **parent(s)** name, insurance, emergency contact and billing address information. **Each** email

entered will receive updates on practices, invoices, etc. Your swimmer may also have an email listed for ease of notifications on the next page.

Alternate Email 1 Alternate Email 2

Billing Information

*First Name Middle Initial *Last Name

*Billing Address

*Billing City * State *Zip Code

*Home Phone Work/Mobile Phone

Parents/Guardians

Guardian 1	Guardian 2
First Name <input type="text"/>	First Name <input type="text"/>
Last Name <input type="text"/>	Last Name <input type="text"/>
Home Phone <input type="text"/>	Home Phone <input type="text"/>

7. Click **ADD NEW MEMBER**.

Please check the known members associated with your account that you'd like to register.

[Edit Account Info](#) [+ Add Member](#)

Medical Release Waiver [Print](#)

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the Waves Aquatics to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

This is the section to add your swimmer's information. If you have more than one swimmer, click **ADD MEMBER** and fill out for each. Choose the pool where you wish to practice, number of days and group (novice, age group, senior—ask the coach). Please add any special needs your child has and let your coach know about their special needs so they can be properly accommodated.

Be sure to save at the end of each new member entry.

Click **ADD** in the green box

*Physician Name *Physician Office Phone

Medical Information/Notes

Medication

*Location *Are you transferring from another team?

*Register to this Group | [View Details](#)

8. **Check** the liability and medical release waivers and click **continue** in the green box

appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge Waves Aquatics and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Waves Aquatics activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.

[Required] I have read and agree to the above statement

Liability Waiver [Print](#)

By registering my child(ren) with the **Waves Aquatics** , I agree to participate (or allow my child(ren) and family members to participate) in the **Waves Aquatics** , and hereby release **Waves Aquatics** , its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Waves Aquatics** program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the **Waves Aquatics** program.

[Required] I have read and agree to the above statement

9. Continue with the USA registration information. USA Swimming provides the liability insurance for your swimmer. This is required for all swimmers who swim with the team at practices. This section will provide information for the team to automatically renew your swimmer each November and bill you automatically. First-time swimmers, must also complete the USA swimming registration by hand and send it to the organization (see the last page of this handout). Calistoga Parks and Recreation swim families sign up through the Calistoga Parks and Rec Program.



USA Swimming Registration

The following information is used to register each athlete. Please complete ALL information below.

Are you a US citizen:

Yes No

Disabilities (Optional)

- Legally Blind or Visually Impaired
 Deaf or Hard of Hearing
 Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
 Cognitive Disability such as severe learning disorder, autism

Ethnicity (you may select up to two)

- American Indian & Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
- Native Hawaiian & Other Pacific Islander
 White
 Some Other Race

Additional Info

10. Check all information

Account Info

<p>d h 26 hi napa, CA 94559 707-252-2810</p>	<p>Insurance Carrier med 800-111-1212</p> <p>Emergency Contact kt 800-121-2121</p>
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[Edit Account Info](#)

Registration Fees [Add/Edit Members...](#)

Athlete to be registered	Group	Birthdate	Age	Gender	Fees
de hi	Calistoga Waves - Summer Program - Monthly	01/01/2010	8	Female	Reg: \$0.00

Subtotal: \$0.00
Total: \$0.00

[Back](#) [Submit Registration](#)

Calistoga Parks and Rec families will click **submit registration**.

All other members will submit credit card information for billing purposes. The team does not accept checks as a form of payment.

Registration Fees [Add/Edit Members...](#)

Athlete to be registered	Group	Birthdate	Age	Gender	Fees
debra hight	Vintage Pool - Age Group - 2 Day - Monthly	05/01/2010	8	Female	Reg: \$90.00

Subtotal: \$90.00
Total: \$90.00

Payment Method

[Go Back](#) [Proceed to Checkout](#)

11. CONGRATULATIONS!! You are now registered for the Waves swim team. This will automatically invoice you and charge your credit card each month for registration fees, team events (like ice skating and water park trips) that you participate in, ordering silicone named caps, etc. It's an easy way to bill and pay.

We encourage you to ask questions as they come to mind and get involved with the team. We have an amazing group of kids on the team who are having a great time in the pool improving their strokes.

Thank you for joining the Waves!