

WHITEWATER AQUATICS

ATHLETE/FAMILY INFORMATION

NAME OF ATHLETE #1: (Please print)

Last Name: _____ First Name: _____ Initial: _____

Preferred Name: _____ Date of Birth: _____ Gender: _____

Phone #: _____ Swim Group: _____ (leave blank if unsure)

If you are swimming in Rapids 1 please circle the day you will be swimming:

Monday Tuesday Friday

T-shirt Size: _____

Other swim affiliations: _____
(i.e. school swim team, summer swim league)

NAME OF ATHLETE #2: (Please print)

Last Name: _____ First Name: _____ Initial: _____

Preferred Name: _____ Date of Birth: _____ Gender: _____

Phone #: _____ Swim Group: _____ (leave blank if unsure)

If you are swimming in Rapids 1 please circle the day you will be swimming:

Monday Tuesday Friday

T-shirt Size: _____

Other swim affiliations: _____

NAME OF ATHLETE #3: (Please print)

Last Name: _____ First Name: _____ Initial: _____

Preferred Name: _____ Date of Birth: _____ Gender: _____

Phone #: _____ Swim Group: _____ (leave blank if unsure)

If you are swimming in Rapids 1 please circle the day you will be swimming:

Monday Tuesday Friday

T-shirt Size: _____

Other swim affiliations: _____

BILLING CONTACT INFO: (Please print)

Last Name: _____ First Name: _____ Initial: _____

Billing Address: _____

City: _____ State/Zip: _____ Phone #: _____

Phone 2: _____ E-Mail Address: _____
(for log-in to team website)

Additional E-mail: _____

GUARDIAN NAMES: (Please print)

Guardian 1

Last Name: _____ First Name: _____ Relationship: _____

Work Phone: _____ Mobile Phone: _____

Guardian 2

Last Name: _____ First Name: _____ Relationship: _____

Work Phone: _____ Mobile Phone: _____

MEMBERSHIP DUES/RESPONSIBILITIES

WhiteWater Registration Fee: This is an annual fee of \$175/swimmer with a \$350 per family maximum. This covers club administrative expenses and includes the USA Swimming Registration Fee (\$61) which covers insurance and other support services provided by USA Swimming and Pacific Northwest Swimming. This fee also includes two team caps. This fee is reduced to \$125/swimmer after March 29th, 2009.

Athlete Transfer Fee: The fee applies if the swimmer is changing swim clubs into PNS or within PNS.

Sessions: WhiteWater Aquatics has three sessions per year focused around the championship meet schedule as follows:

Session 1 – September 1st-January 3rd

Session 2 – January 4th-April 18th

Session 3 – April 19th-August 1st

Group Dues: Members have the option of paying by month*, or for the entire session. If a member chooses to pay the entire session on the first billing period, a discount of 3% can be deducted. Dues are as follows and **will be billed to you through the team website:**

****Please note we only bill for October-June even though we swim September-July!**

*Billing Dates: **Session 1**- Oct 1, Nov 1, Dec 1; **Session 2**- Jan 1, Feb 1, Mar 1; **Session 3**- Apr 1, May 1, Jun 1

Rapids 1 - \$175/session or \$60/month
Squad 1 Development- \$320/session or \$110/month
Squad 2 Novice -\$393/session or \$135/month
Squad 3-Age Group-\$436/session or \$150/month
Squad 4-Junior -\$597/session or \$205/month
Squad 5-Highschool - \$509/session or \$175/month
Squad 6-Senior-\$626/session or \$215/month
Summer Prep- \$175/session

Family Discounts on Group Dues:

Swimmer 1 pays 100%
Swimmer 2 has a 10% discount
Swimmer 3 has a 50% discount
Swimmer 4 has a 75% discount

The highest rate is automatically applied to swimmer 1 and the discount will descend accordingly. This discount will only apply to swimmers who are of immediate relation or have legal custody.

*Billing Dates: **Session 1**- Oct 1, Nov 1, Dec 1; **Session 2**- Jan 1, Feb 1, Mar 1; **Session 3**- Apr 1, May 1, Jun 1

Please circle one of the following billing options: **MONTHLY** **BY SESSION**

Fundraising Expectations: As part of WhiteWater Aquatics, each swimmer is expected to participate in the fund raising activities of the club. Approximately 20% of the club's operating expenses are covered by fund raising events.

Meet Fees: These are payable to WhiteWater Aquatics and will be billed on your statement. They are composed of a base meet entry fee plus the cost of each individual event and are forwarded by WWA to the hosting club. *WhiteWater Aquatics charges a fee of \$1 per individual event to cover relays, coaching and expenses.* At championship meets, an additional fee may be added to the meet surcharge to cover team clothing for the specific meet.

Late Payments: Statements will be emailed at the beginning of each month and must be paid by the 10th. Late payments will be assessed a \$15.00 late fee. Payments not received by the 20th of that statement cycle may result in the rescinding of all swimming privileges. There will be a \$25.00 fee assessed for NSF checks.

Withdrawal from Team or Termination: If you are not planning to swim (temporarily or for the remainder of the season) you must notify Accounts Receivable in writing (email is sufficient) 30 days prior to the next monthly billing. A swimmer who participates in any practices within a billing cycle is responsible for the full session fee.

Parent Signature:

Please mail completed paper work to:
WWA
PO Box 46517
Seattle, WA 98146

AUTHORIZATION FOR CONSENT FOR MEDICAL CARE

Athlete Name: _____ Gender: _____ Age: _____

Athlete Name: _____ Gender: _____ Age: _____

Athlete Name: _____ Gender: _____ Age: _____

Your permission and the following medical information facilitate immediate medical attention in situations where you cannot be contacted quickly. Please read carefully and sign below.

Standard Medical Release

I, _____ authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and hospital procedures as may be performed or prescribed by a licensed physician for the child listed above while he/she is participating in WhiteWater Aquatic practices, swim meets, and/or other activities. I understand the sport of swimming carries a risk of serious injury and that first aid may be administered at the discretion of a coach or lifeguard. I agree to hold harmless and indemnify WhiteWater Aquatics, its Board members, and its employees from any and all liability, loss, damage, or expense whatsoever. If I cannot be reached in the event of an emergency, I waive my right to informed consent.

Emergency Contact Information *(please notate with an * the first number to try and reach)*

Parent/Guardian: _____ Parent/Guardian: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Home Phone: _____ Home Phone: _____

Emergency Contact

Contact: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Relationship: _____

Family Physician: _____ Office Phone: _____

Family Insurance: _____ Policy number: _____

Medical conditions the coach should be aware of: *(please notify the coach personally of these prior to beginning the swim season)*

X Signature: _____ Date: _____