

Elite Aquatics Sports Team/ Masters Program

Instructions To become a EAST member, please complete this application form and the Liability Release Waiver.

* Starred fields are required

First Name * Preferred (Nickname)

Middle Name

Last Name * Create Password

Gender * Female Male Birth Date * (mm/dd/yyyy)

Phone Home/Primary * Work/Secondary

Cell/Other * enter full number (555) 555-1212 x212

Email *

Street *

Street 2

City *

State*

ZIP *

Employer * (Name of the company)

Profession

Street Street 2

City State ZIP

Emergency Contact (Parent, Spouse, etc)

Name * Relation

Phone *

Name 2 * Relation 2

Phone 2 *

Additional Information

Goals *

Background / Experience *

Current Activity *

Why joining? *

How found us / First marketing source?

- Yellow Pages GTE Pac Bell
- Internet yahoo Facebook Google
- Friend
- Pool/Staff/Lifeguard
- Flyer
- TV

Background / Experience

- Beginner
- Competed in college
- Former Masters Swimmer Club Name
- Intermediate
- Competed in H.S.

Current Activity

- None
- Swim on Own
- Swim with Masters Club Club Name

Why joining?

- Get in Shape
- Stay in Shape
- Lose weight
- Triathlon
- Social and Meet people
- Gift
- Lessons/improve technique
- Get in shape for ocean races
- Do a swim meet
- Do the lifeguard test
- Just moved here
- Injury/recovery

Elite Aquatics Sports Team

WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming/water polo may be a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming/water polo, including but not limited to, paralyzing injuries and death. The participant hereby agrees to participate in the Aquatics Program and hereby agrees to indemnify and hold harmless the Elite Aquatics Sports Team, its coaches, instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Aquatics Program. The participant also agrees to indemnify the Elite Aquatics Sports Team for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of the Elite Aquatics Sports Team to have the participant treated in any medical emergency during their participation in the Aquatics Program. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____
(Participant or Parent/Guardian)

Family Info.

Last Name: _____ Parent's Names: _____

Address: _____ City: _____ Zip: _____

Phones: (____) _____ & (____) _____ Email: _____

Athlete Info.

First Name: _____ M.I. _____ Last Name: _____

Birthdate: (mm/dd/yy) _____ Age: _____ Sex: _____