



NEW SWIM ACCOUNT REGISTRATION FORM

Welcome to Blue Wave Swimming! We are honored to have you as part of our program. Please complete this registration packet and return to Member Services. You will receive an email confirmation within 24 - 48 hours. If you do not receive the confirmation email within that time frame, please contact Member Services at tbeebe@mybsac.org and we will make sure that any issues are resolved immediately. Thanks for choosing Blue Wave and again, welcome!

Swimmer Information

Legal First Name _____ Legal Middle Name: _____

Legal Last Name _____ Preferred Name/Nickname: _____

Gender: Female _____ Male _____ T-Shirt Size _____ Youth / Adult (circle one)

Birthday ___/___/_____

Are You Transferring From Another USA Swimming Team? YES or NO

If so, which team are you transferring from? _____
(there is a \$5 transfer fee that is assessed for transferring the USA membership)

Are you a returning Blue Wave Swimmer? (please circle one) YES or NO

Program: (Please Check One Below, Based On Your Evaluation)

DATE of Evaluation: _____

Sharks _____ Bronze _____ Silver _____ Gold _____

Senior Dev _____ Seniors _____ National _____

Authorized Personnel Only

Date Registration packet received: _____ Staff: _____

Date Account Created: _____ Staff: _____

Amount collected at registration: _____ Staff: _____

Date Billing group entered: _____ Staff: _____

Welcome packet given to swimmer: _____ Staff: _____

Notes:

Initial: _____



Parents/Guardian Information

Parent/Guardian 1

First Name _____ Last Name _____

Date of Birth _____ **Required for compliance with the Child Online Privacy Protection Act**

Street address: _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Primary Email Account To Log In To Our System _____

Your initial password will be BWswim. Please change that password when successfully log in to your new online team account. You can login at www.BlueWaveSwimming.com. Please allow 24 - 48 hours to set up your team account.

Alternate Email 1 _____

Alternate Email 2 _____

Parent/Guardian 2

First Name _____ Last Name _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Alternate Email 1 _____

Alternate Email 2 _____

Emergencies

Emergency Contact _____ Emergency Phone _____

Initial: _____



Account Billing Information

The Automatic Payment Authorization form **MUST** be filled out for monthly billing and for meet fee purposes.

First Name _____ Last Name _____

Billing Address _____

Billing City _____ State _____ Zip Code _____

Credit / Debit Card Number: _____

Expiration Date: _____ Security Code: _____

New Swimmer Fees:

(billed when swimmer starts practice)

BSAC Annual registration \$65

AAU Membership (Sharks, Bronze, Silver) \$29

USA Swimming Registration) \$88
(Gold and above)

Monthly dues See chart on page 4

New swimmer equipment:

Kickboard

Pull buoy (younger swimmers should purchase a Jr size)

Fins

** For convenience equipment can be purchased in our pro shop in the front lobby.

Initial: _____

THIS PAGE INTENTIONALLY LEFT BLANK

Billing Agreement and Fee Schedule

- Monthly dues will be charged on the 1st of each month. If you are joining the team before the **15th** you will be charged the full month's dues. If you are joining after the **15th** you will be charged half of the first month's dues. To review your group's monthly dues, please visit our website, BlueWaveSwimming.com.
- Meet fees will be charged on your authorized Credit/Debit Card at the time that the meet fee check is cut to the hosting facility for any meet. This is usually **1 to 2 weeks prior** to the start of the meet.
- **If at any time your child will not be swimming in the next calendar month, please fill out a withdrawal form. CANCELLATION of membership/team MUST be submitted IN WRITING to member services before the 15th of the prior month.** Failure to do so will result in your account being assessed until we receive the completed form. Membership withdrawal form can be found on our website at: bluewaveswimming.com
- **LATE FEE:** A \$25 late fee will be added to your account if the account is carrying an invoice balance (not fully paid) by the 15th @ 12am of the billing cycle.

| Blue Wave Fee schedule | | |
|-------------------------------|--------------|-------------------------------------------------------------|
| Group | Price | Annual charges |
| Sharks | \$120 | High 5 Registration: \$65 AAU Registration: \$29 |
| Bronze | \$125 | High 5 Registration: \$65 AAU Registration: \$29 |
| Silver | \$145 | High 5 Registration: \$65 AAU Registration: \$29 |
| Gold | \$155 | High 5 Registration: \$65 USA Swimming Registration \$88 |
| Senior Dev | \$175 | High 5 Registration: \$65 AAU Registration: \$88 |
| Seniors | \$175 | High 5 Registration: \$65 AAU Registration: \$88 |
| National | \$185 | BSAC Registration: \$65 USA Swimming: \$88 |

Initial: _____



LIABILITY WAIVER

I / we, as parent(s) or legal guardian(s) for the listed minor and or adult participant (hereinafter referred to as "Participant"), hereby give permission for Participant to participate at the **High 5, Inc and Blue Wave Swimming** (hereinafter referred to as "**SWIM**") and all activities associated therewith. I/we further authorize any High 5 counselor, Chaperone, or Coach in his/her discretion, to obtain medical or emergency treatment for Participant.

In consideration for Participant's participation, and for the use of the facilities and property, I / we further, as parent(s) or legal guardian(s) of Participant (a minor), on behalf of said Participant as well as on the behalf of myself/ourselves, hereby forever release, acquit, discharge, and hold harmless High 5, Inc and **Blue Wave Swimming**, any officers, employees, agents, counselors, chaperones, coaches, helpers, aids, or assistants, parent or subsidiary companies of the above, of and from any and all liability, claims, actions, causes of action, lawsuits, or rights or claims for damages, including but expressly not limited to, claims for High 5's own negligent acts or omissions, relating to or in any way arising out of Participant's participation in the **Blue Wave Swimming** program.

I hereby grant permission to High 5, Inc and **Blue Wave Swimming** to photograph participants for publication in connection with public relations. I release High 5, Inc and **Blue Wave Swimming** from any claims that may arise or be based upon such publications. I understand that High 5, Inc and **Blue Wave Swimming** may use the photos indefinitely.

I/we have read the information sheet regarding Policies and Procedures, rules and fees and have kept a copy of this sheet for future reference.

I/we (parent or guardian) have read and understand the above and enter into same of my participant's free will.

PARENT/GUARDIAN SIGNATURE: _____

PRINT NAME: _____

CHILD'S NAME: _____

DATE: _____

Initial: _____