



# AQUASTAR Registration



Also complete a USA Swimming / Gulf Swimming form

New to AQUASTAR  Returning  Transfer

Date \_\_\_\_\_

\_\_\_\_\_  
Father / Guardian's First Name      Last Name      Occupation / Employer      Cell # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Mother / Guardian's First Name      Last Name      Occupation / Employer      Cell # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Address      City      Zip

\_\_\_\_\_  
Email Address (REQUIRED for account login)

### Athletes:

First Name	MI (REQUIRED)	Last Name	M/F	DOB	AGE	School & Grade	Trn Grp
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**MEDICAL AUTHORIZATION:** The above-named children have our permission and consent while present at AQUASTAR practice facilities, USA Swimming-sanctioned competitions, and other AQUASTAR-approved events to participate in such activities. In the event of illness or injury to any of the above-named children while participating in any AQUASTAR activity, practice or competition, and in the event a parent or guardian is not present, and after an attempt has been made to reach a parent or guardian of the children informing them of such injury or illness, either the AQUASTAR team coach(es) or official chaperone(s) are hereby authorized to obtain treatment by a medical doctor for said children as fully as a parent or guardian could authorize if he/she were present, it being understood that it is the responsibility of the parent or guardian to maintain the above contact information current and that a cell phone call to the any/either of the above listed number(s) shall constitute an attempt to contact the parent or guardian. This authorization shall remain in effect until such time as it is either terminated by written notice to the board of directors of AQUASTAR or is superseded by a more current version.

**RELEASE:** The undersigned hereby releases and agrees to hold harmless Bay Area Aquanauts, Inc., dba AQUASTAR, its board of directors, coaches, official chaperone(s) and team representatives from any and all claims, liability, cost and expense arising out of or resulting from participation in any such activities as described above, competition, or from the procurement of medical treatment for the above-listed swimmers.

**FEE PAYMENT/TEAM POLICIES:** I understand that monthly training fees are billed in advance and are due by the 1st of the month, and a late fee will be charged if not received by the 10th of the month. The failure to receive an invoice, or the receipt of a late invoice, does not relieve me of the responsibility to pay on time. I must notify the team treasurer by the first of any month if the swimmer[s] listed above is/are going "inactive" and do not plan to swim that month; otherwise, I am responsible for the full month's fees. I further understand that monthly training fees are not prorated based on the number of days the listed swimmer[s] do or do not attend practice in any given month, nor are they affected by a specific practice pool's availability. I agree to abide by the AQUASTAR team policies as posted and updated periodically on the team's website. I fully understand it is my responsibility to make myself aware of the existence of these policies, and keep myself updated on any changes made to these policies which may be made by the team's board of directors.

**ELECTRONIC PAYMENTS:** I understand I must make my payments for fees owed to the team either via automatic electronic bank draft or automatic credit card payments. Once my registration is processed, I will submit my bank or credit card info into the team's secure web-based payment processing system to allow for automatic monthly payment transactions from my bank or credit card account. If I do not participate in the automatic payment process, a \$5 fee per payment will be added to my account.

**BY-LAWS:** I agree to abide by the by-Laws of AQUASTAR, including grievance procedures, as posted on the team's website. I fully understand it is my responsibility to make myself aware of the existence of these by-laws, and keep myself updated on any changes made to the by-laws, which may be amended per the procedures therein.

Signature of parent/guardian \_\_\_\_\_