**Tiger Aquatics Swim Club, LLC**

**DENHAM SPRINGS/PARDS REGISTRATION LETTER OF INTENT**

**(Please Print)**

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Father Mother

Address: (For all correspondence to be mailed and the way it will appear in the Family Directory

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s Information:**

Place of Employment/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Information:**

Place of Employment/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARDS member (Check one):** YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Swimmer’s Information:**

\*Please use name as it appears on Birth Certificate\*

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M/F): \_\_\_\_\_\_\_\_Swim Team Group: \_\_\_\_\_\_\_\_\_ T-shirt size\_\_\_\_\_\_

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M/F): \_\_\_\_\_\_\_\_\_Swim Team Group: \_\_\_\_\_\_\_\_\_ T-shirt size\_\_\_\_\_\_

***I have read a copy of the Tiger Aquatics Team Handbook (available online at*** [***www.swimtaq.com***](http://www.swimtaq.com) ***under “Docs” and agree to abide by the policies and procedures set forth.***

**Parent’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Registration Fees and Monthly Dues are Non-Refundable\*

Please mail completed Letter of Intent to

Tiger Aquatics

5261 Highland Road, Suite 324

Baton Rouge, LA 70808

**Tiger Aquatics Swim Club, LLC**

**Medical Information & Emergency Release**

Swimmer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Swimmer’s D.O.B.\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc…….)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Aside from yourselves (the parents of the swimmer), please indicate (in order), those individuals that you would like the coaches to contact should there be an emergency involving your child:
2. Athlete’s Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Athlete’s Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

….....................................................................................................................................................................

I (we) hereby give our permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in practice and travel with Tigers Aquatics Swim Club, LLC to local and out-of-town-meets throughout the season. Although I expect all reasonable safety procedures to be follow, I will not hold the coach of TAQ nor any chaperone or volunteer working with or traveling with the group personally liable for any incident which may occur.

In case of a minor emergency (cuts, scratches, headaches, etc.) I (we) give permission to the coaches or chaperones of TAQ to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined byt the coaches or chaperones of TAQ, until I am able to be contacted.

**TO THE ATTENDING PHYSICIAN OR HOSPITAL:**

Permission is hereby granted for you at the discretion of the coaches or chaperones of TAQ to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

**INSURANCE INFORMATION: (must be completed)**

Subscriber’s Name (parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GROUP #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ins Coverage (ie Medical, Dental)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ins Auth Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Local Hospital**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tiger Aquatics Swim Club, LLC**

**Automatic Bank Draft Authorization Form**

All information is required before processing

|  |  |
| --- | --- |
| Personal Information: | Financial Information: |
| Name (Please Print): | Name of Financial Institution: |
| Street Address: | Financial Institution Address: |
| City, State, Zip code: | Financial Institution City, State, Zip code |
| Telephone Number: | Routing Number: |
| Email address: | Checking Account Number: |

Please contact your financial institution to confirm the appropriate ACH bank routing number and correct bank account number. These numbers may differ from your checking account number.

Upon receipt of this completed authorization form, bank drafting of payments will begin the month of the next billing statement. The invoices are automatically generated the 1st of each month. The bank drafts are process on/around the 10th of each month. The words “Capitol One” (not “Capital One,” the misspelling is on the part of the company processing the bank drafts) will appear as the drafting agent on your banking statement, NOT Tiger Aquatics.

\_\_\_\_\_ (**please initial) I grant authority to Tiger Aquatics Swimming, LLC to draft my account listed above for the total amount invoiced each month. The financial institution listed above is authorized to pay such drafts when so drawn and presented for payment until authority is revoked. By signing below, I understand that I must notify the billing office at Tiger Aquatics prior to the 1st of the month in which I intend to cancel membership. After the invoice is generated on the 1st of the month, I understand that I am responsible for payment in full.**

**Signature (as accepted by Financial Institution): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Forward completed authorization form to:

Email: [Lyndi@swimtaq.com](mailto:Lyndi@swimtaq.com)

Or Mail to:

Tiger Aquatics

5261 Highland Road, Suite 324

Baton Rouge, LA 70808

**Tiger Aquatics Swim Club, LLC**

**Photography Consent Form**

I hereby grant full permission to Tiger Aquatics, to use either my photograph and name (if necessary) or my child’s photograph and name (if necessary) in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and/or name or my child’s photograph and/or name.

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Child’s Name

Guardian’s Signature Phone Number

**Tiger Aquatics Swim Club, LLC**

**Swim Team Practice Equipment & Apparel**

* **Paws** –fins, snorkel, water bottle
* **Cubs**- fins, snorkel, water bottle
* **Tigers**- Stroke maker paddles, pull bouy, fins, snorkel, mesh bag, water bottle
* **Senior**- Stroke maker paddles, pull bouy, fins, snorkel, mesh bag, water bottle

To purchase practice equipment and team apparel visit the ***TEAM STORE*** locatedon the Tiger Aquatics website, [www.swimtaq.com](http://www.swimtaq.com) . You can purchase equipment by clicking on the swim outlet link located on the team store page.

Athletes are expected to have a water bottle every day at practice as well as proper dryland clothes on dryland days (tennis shoes, t-shirt, shorts, water bottle).