



A Non-Profit Corporation



TEAM REGISTRATION

Swimmer's Name _____
 Today's Date _____ Date of Birth _____
 Address _____
 City _____ State & Zip _____
 Current USA Swimming Registration (circle one) Y N
 If yes, USA Swimming i.d. _____
 Date of Last Competition _____

MONTHLY DUES	
\$85	Red
\$95	White
\$105	Blue
\$110	Bronze
\$120	Silver
\$130	Gold

Parent/Guardian Information:

Name 1 _____ Name 2 _____
 Home Phone _____ Home Phone _____
 Work/Cell Phone _____ Work/Cell Phone _____
 Receive Text? Y N Receive Text? Y N
 Carrier _____ Carrier _____
 Email _____ Email _____

Emergency Contact Information (other than above)

Name _____ Home Phone _____
 Relationship _____ Work/Cell Phone _____

East Texas Aquatics is a volunteer organization. Parental participation is vital to the team's success. There will be a variety of opportunities throughout the year to be of service to the team, including fundraisers, serving on the board and a variety of functions critical to daily operations.

CHECKLIST: ALL of the following must be completed before your child will be allowed to begin swimming with the team:

- ___ East Texas Aquatics Team Registration Form
- ___ USA Registration Form
- ___ Copy of birth certificate, Passport or Driver's License
- ___ Copy of Insurance Card
- ___ Medical Release Form
- ___ Swimmer Code of Conduct Form
- ___ Parent/Guardian Code of Conduct Form
- ___ Financial Policy
- ___ Service Hour Policy
- ___ Photo Release
- ___ Check made out to East Texas Aquatics for \$ _____

OFFICE USE ONLY:

___ Swim Group
 ___ Start Date
 ___ Team Unify
 ___ Metro Allen
 ___ To Billing
 \$ 81 USA Fee
 \$ 60 ETA Fee
 ___ 1st Month
 ___ **Total Due**
 ___ Registration to USA Swim



MEDICAL RELEASE
This form must be completed

As the parent/legal guardian of: _____

I request that in my absence the above-named swimmer be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named swimmer.

Date of Birth _____ Date of last Tetanus Booster _____

Allergies _____

Other Medical Conditions _____

Swimmer's Physician _____ Phone _____

Medical Insurance Provider _____ Phone _____

Policy Holder _____ Policy Number _____

Parent/Guardian Information:

Emergency Contact Information

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Home Phone _____

Work/Cell Phone _____

Work/Cell Phone _____

Email _____

Email _____

I agree and hereby release East Texas Aquatics; the ETA coaching staff; North Texas Swimming, Inc.; and USA Swimming, Inc.; their agents and employees from all liabilities and claims arising by reasons of including travel to and from training sessions, other scheduled activities, and swim meets. I agree to indemnify and hold harmless the above mentioned, their agents and employees, against any and all liability for personal injury, including injuries resulting in death, or damage to property, or both, while enrolled in the program. I agree to reimburse the above for any and all damages they are compelled to pay arising from any such claim, demand, action, or cause of action as may arise from my or my child's action while enrolled in the program.

Signature of Parent/Guardian _____ Date _____



SWIMMER CODE OF CONDUCT

I, _____, as a member of the East Texas Aquatic, am part of a swimming organization that believes in teamwork, integrity, respect and good sportsmanship are more important than winning. By signing this Code of Conduct, I agree to follow the rules for behavior and sportsmanship while I am a member of ETA.

I promise to show respect and common courtesies at all times to fellow team members, coaches, competitors, officials, parents and for all facilities and other property used during practice and/or competition.

I will be an active participant in all team practices, competitions and other team activities.

I will come to all team sponsored events in the appropriate attire. I will respect the coaches and officials instructions and will make every effort to be on time for workouts, competitions, and team events.

I will refrain from using alcohol, tobacco, drugs, other prohibited substances, violence, defamatory or foul language, inappropriate sexual conduct or any other behavior deemed dishonest, discourteous, offensive or disrespectful to others.

While on team trips, I will abide by the ETA Code of Conduct for Travel.

I will not take any unauthorized photos or recordings of any kind.

I agree that if I violate any of these rules, I will be subject to disciplinary action determined by the coaches, my parents and the ETA Board of Directors, which may include expulsion from the team.

PLEASE SIGN AND RETURN THIS FORM.

I have read and understand the ETA’s Swimmer Code of Conduct and have reviewed it with my parent(s) or guardian(s) before signing.

Signature of Parent/Guardian _____ Date _____

Signature of Swimmer _____ Date _____



PARENT/GUARDIAN CODE OF CONDUCT

I/we, _____, as parent(s)/guardian(s) of a swimmer who is a member of ETA, recognize that my child is a part of a swimming organization that believes teamwork, integrity, respect and good sportsmanship are more important than winning. By signing this Code of Conduct, I /we agree to follow the rules for behavior and sportsmanship while my/our son/daughter is a member of ETA.

I/we promise to set the right example for our children by showing respect and common courtesies at all times to the team members, coaches, competitors, officials, parents, and for all facilities and other property used during practice and/or competition.

I/we promise to demonstrate good sportsmanship during all practices, competitions and team activities.

I/we will remain in the approved “parent on deck” area on the entrance end of the building while observing practice, and not distract coaches during practices. Only swimmers, coaches and ETA Board Members are allowed past the starting blocks during practice

I/we will refrain from taking unauthorized photography or recordings of any kind while inside ETA facilities.

I/we will be an active participant in all fundraising events and other team activities and will encourage and support my child by permitting them to be timely for practices and competitions.

If I/we have a concern or problem, I/we will address it with the appropriate coach or ETA Board of Directors.

I/we will insist at all times that my child will refrain from using alcohol, tobacco, drugs, other prohibited substances, violence, defamatory or foul language, inappropriate sexual conduct or any other behavior deemed dishonest, discourteous, offensive or disrespectful to others.

I/we agree that if I/we violate any of these rules, I/we will be subject to disciplinary action determined by the coaches and the ETA Board of Directors, which may include expulsion of my child from the team.

PLEASE SIGN AND RETURN THIS FORM.

I/we have read and understand the ETA’s Parent Code of Conduct before I/we signed this document, and I/we agree to abide by the rules state therein.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____



EAST TEXAS AQUATICS SERVICE HOUR POLICY

Parent/Family volunteer service is vital to the success of ETA.

- Each family must complete 6 service hours per six month period (January 1 – June 30 and July 1 – December 31)
- Volunteer service hours are reported using the “Service Hours Volunteer Form”. When Job Signup is completed on the ETA website, the form will not be required.
- The “Service Hours Volunteer Form” is available at www.easttexasaquatics.com under Documents. Completed forms should be returned to the black box in the waiting room.

ETA recognizes that each family’s time has value.

- A family may choose to pay \$60 per six month period in lieu of completing service hours
- Families will be billed \$60 two times per year (July 1st for January – June hours and January 1st for July – December hours) unless they have completed service hours and turned in the “Service Hours Volunteer Form”
- Families will be billed for the service hours not completed at a rate of \$10 per hour. If all 6 service hours are complete, they will not be billed.
- Hours will be pro-rated for families joining after January. There is a commitment of 1 hour per month of team membership. (Families will be responsible for 4 hours if a swimmer joins in March, 2 hours if a swimmer joins in May).
- Service Hours will be managed on the ETA website and available upon sign in.

I have read and agree to abide by the above policy.

Signature of Parent/Guardian _____ Date _____



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EAST TEXAS AQUATICS FINANCIAL POLICY

- 1. Invoices are sent out on or about the 1st of each month for those showing a “balance due”. These invoices may include the following:** Dues for that month, Swim meet charges, T-shirts/swim caps, USA registration (billed per swimmer in the fall), Service hour charges. Failure to receive an invoice is not an excuse for non-payment. Invoices and billing history are available online at www.easttexasaquatics.com.
- 2. Payment is due on the 1st of each month.** Payments made after the 15th are considered late and will incur a \$15 late fee. If payments are not brought current by the 15th of the next succeeding month, including all late fees, the swimmer will be politely advised that he or she cannot practice or participate in any Metro USA meets until payments are brought current, by cashier’s check or money order.
- 3. Payment by ACH or Credit Card automatic debit is required.** For those rare occasions where an automatic withdrawal or debit of a credit card is not possible, payments should be made by check, payable to East Texas Aquatics (ETA), either by mail to 11594 Spur 248, Tyler, TX 75707, or by placing the check in the black lockbox in the lobby at the pool. There will be a \$25 charge for checks returned to ETA for insufficient funds.
- 4. Full monthly dues** will be assessed if the swimmer participates in swim practice on at least four (4) days during the billing period for that month.
- 5. Stop Swimming Form:** Upon leaving the club team, you must complete the Stop Swimming Form and place it in the black lockbox in the lobby at the pool. Failure to complete and turn in this form will result in your monthly dues being charged as usual. Your swimmer may later rejoin the club team by paying a new registration fee and any previously unpaid dues and fees. The Stop Swim form must be turned in no later than 10 days before the end of the month in order to ensure time to process it.
- 6. Medical Leave of Absence:** are considered on a case by case basis and may require a doctor’s note. We are often able to continue with modified practices if a swimmer is injured

Signature of Parent/Guardian _____ Date _____



PERMISSION TO USE PHOTOGRAPH AND NAME

I, _____, grant to ETA its representatives and employees the right to take photographs of me and my property in connection with the ETA. I authorize ETA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that ETA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

PLEASE SIGN AND RETURN THIS FORM.

I have read and understand the above.

Signature of Parent/Guardian_____ Date_____

Signature of Swimmer_____ Date_____