**ADULT LAP-SWIM REGISTRATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Swimmer’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State & Zip\_\_\_\_\_\_\_\_\_\_\_\_Current USMS Registration (circle one) Y NIf yes, USMS i.d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **MONTHLY DUES** |
| $30  | PER MONTH |

**AVAILABLE TIMES****Monday – Thursday 11 AM – 2 PM** |

**Swimmer Information:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receive Text? Y N

Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information (other than above)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| \_\_ East Texas Aquatics Team Registration Form\_\_\_ Medical Release Form\_\_\_ Financial Policy\_\_\_ Photo Release\_\_\_ Check made out to East Texas Aquatics for $55 | **OFFICE USE ONLY:**\_\_\_\_\_\_ Start Date\_\_\_\_\_\_ Team Unify\_\_\_\_\_\_ To Billing$ 25 ETA Fee \_\_\_\_ 1st Month \_\_\_\_\_ **Total Due** |

**MEDICAL RELEASE
This form must be completed.**

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last Tetanus Booster\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Medical Conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer’s Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Swimmer 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.

Swimmer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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](http://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 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 Swimmer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_