



WESTERVILLE AQUATIC CLUB REGISTRATION AGREEMENT

As Parent or legal guardian I understand and agree with the philosophy of the Mission Statement, Goal Statement, Priority Statement and Organization as outlined by the Head Coach and thus give my permission for all swimmers listed on my registration form to participate fully in the activities the Westerville Aquatic Club.

Additionally:

I understand the terms of my financial commitment and how it affects my membership status,

I am aware of when monthly family swim fees are due as outlined on the registration form,

I understand my obligation to the Fundraising/Club Service program,

I understand that for my child to participate in practice all fees must be current,

I understand that for my child to participate in any competition(s) all fees must be current and my escrow account must have a positive balance equal to or greater than the required meet entry fees,

I authorize WAC coaches to administer medical attention as deemed necessary,

I grant disciplinary authority to WAC coaches at all meets and practice,

I understand that coaching is the responsibility of the WAC coaching staff. In delegating this authority I agree it is in the best interest of my swimmer(s) to communicate with the individual group coach or the head coach, my concerns or questions regarding my swimmer's progress,

I have read and understand the recruitment policy as outlined by the head coach,

I understand that once committing to WAC I value it as a team, my verbal or financial agreement or investment in any form with another USA Swimming or other club of direct competition without the permission of the WAC head coach expresses a lack of commitment and immediately terminates my privilege of membership.

I understand that dual or split representation with another USA Swimming club by my swimmer or family, without the permission of the WAC head coach, is prohibited,

Finally, I realize membership within the Westerville Aquatic Club is a privilege granted to all families committed to the WAC Mission Statement. This privilege may be revoked or denied based on behavior deemed inappropriate by the head coach on the part of the athlete(s) or parent(s). In the case that such action is necessary all fees paid will be non-refundable.

My signature below and/or on the WAC Registration Form, or by submittal of electronic registration indicates that I have read, understand and agree with the statements above.

Signed _____ Date _____

Printed _____

Office Use

Date Received _____

Member Number _____



EMERGENCY MEDICAL RELEASE FORM

I (we), _____, parent(s) of _____ (print name(s))

the swimmer(s) listed below grant Jim Peterfish, swim coach, or one of the WAC assistant coaches, in our absence, to authorize medical/dental treatment as advised by a licensed physician/dentist, and/or transport by ambulance when all reasonable attempts have been made to contact us while my (our) child(ren) is (are) under the direct supervision of such coach.

_____ Date _____
Parent(s) (Sign and place in Coach Jim's folder)

Emergency Information (please, include as much information as available)

Athlete's Home Phone _____
Father's Cell Phone _____ Name _____
Father's Work Phone _____
Mother's Cell Phone _____ Name _____
Mother's Work Phone _____
Doctor's Phone _____ Name _____
Dentist's Phone _____ Name _____
Other Emergency contact _____ Name _____

Insurance Info: (or, copy of insurance card)
Company _____ Member Number _____ Ph. No. _____

Swimmer #1 Name _____ DOB _____
Medications currently being taken: _____ Duration: _____
Conditions or abnormalities necessary for medical professionals to know during emergency: _____
Allergies: _____

Swimmer #2 Name _____ DOB _____
Medications currently being taken: _____ Duration: _____
Conditions or abnormalities necessary for medical professionals to know during emergency: _____
Allergies: _____

Swimmer #3 Name _____ DOB _____
Medications currently being taken: _____ Duration: _____
Conditions or abnormalities necessary for medical professionals to know during emergency: _____
Allergies: _____