



Waves Aquatics
PO Box 373
St. Helena, CA 94574

Swimmer Registration

Swimmer Information

Full Name: _____
Last *First* *M.I.*

Preferred Name: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Gender: _____ Birthdate: _____

Cell Phone: _____ Cell Carrier: _____

Email _____

Guardian 1 Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Cell Phone: _____ Cell Carrier: _____

Email _____

Guardian 2 Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Cell Phone: _____ Cell Carrier: _____

Email _____

Swim Group Information (circle one)

Location: St. Helena / Vintage Swim Group: Novice / Age Group / Senior / Elite

Days/week: 2 / 3 / 5 Billing: Monthly

A few notes about SWIM GROUPS! We have aligned our titles with USA Swimming definitions and those details can be found on the Swim Groups tab of this website. The quick and dirty follows:

Novice – practice for 1 hour, 2, 3 and 5 day per week swim options are available. **If you swim for only 1 HOUR this is your group!**

Age Group – practice for 1.5 hours, swimmers under the age of 13, 2, 3 and 5 day per week swim options are available. (This was **previously called Advanced at the St. Helena Pool**)

Senior and Senior/Elite – practice for 1.5 hours, swimmers must be at least 13 years of age, 2, 3 and 5 day per week swim options are available. When invited by coaching staff, Elite swimmers are required to swim 5 days per week. (This was **previously called Advanced at the St. Helena Pool**)

Medical Information

Physician Name: _____

Physician Office Phone: _____

Insurance Carrier: _____

Insurance Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Medical
Information/Notes:

Medication:

USA Swimming Registration

US Citizen: Yes / No

Transfer from
another team: Yes / No

Current USA Swim
Registration #: _____

Billing Information

Name on Card: _____
Last First M.I.

Billing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Cell Carrier: _____

Email _____

Credit Card Information: _____
Card Number Expire V Code

Type of Card: **Visa / MasterCard / Discover**

Medical Release Waiver

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the Waves Aquatics to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge Waves Aquatics and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Waves Aquatics activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my children is (are) physically fit and capable of participation in all Swim Team activities.

Parent/Guardian Signature: _____ Date: _____

Liability Waiver

By registering my child(ren) with the **Waves Aquatics** , I agree to participate (or allow my child(ren) and family members to participate) in the **Waves Aquatics** , and hereby release **Waves Aquatics** , its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Waves Aquatics** program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the **Waves Aquatics** program.

Parent/Guardian Signature: _____ Date: _____