**Fallbrook Associated Swim Team**

**Application Form**

|  |
| --- |
| **Athlete Information** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ M F**  **Legal First Name Legal Last Name Middle Initial Gender**  **\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_)\_\_\_\_ -\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Birthdate Swimmer’s Phone Number Preferred First/Last name if different than legal**  **Any known handicap or medical condition that the staff need to be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Pre-Competitive Novice Age Group Sr Dev/Sr Swim/Water Polo Diving**  **Group (circle one) ( to be determined by the coach)** |
|  |
| **Parent(s) or Legal Guardian**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Father First Name Last Name Mother First Name Last Name**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  **Billing Address (House number & Street) City State Zip Code**  **(\_\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Telephone Number Father Cell Mother Cell Active e-mail address (print clearly)**  **Release of Liability**  **The parent or guardian hereby releases FAST, it’s employees, officers, directors and volunteers and any facility used by FAST from any liability arising out of any injury to the athlete which may occur while the athlete is participating in any FAST program including, but not limited to meets, travel trips and any other team activities. I understand that membership in the parent organization of USA Swimming and/or USA Water Polo/American Water Polo is mandatory. I understand that participation in the diving program requires membership in AAU Diving.**  **Dues/Membership Fees**  **I understand that I will be responsible for the monthly membership fees which will be billed on the 1st of each month and must be paid in full by the 14th of the month. Dues received after the 14th of the month will be charged a $20 late fee. I understand that there is no proration of dues regardless of how many time my athlete participates during the month.**    **I agree to give Fallbrook Associated Swim Team 2 week notice before cancellation of team membership (whether temporary or permanent). Notice must be in writing and sent to seanmaryfast@gmail.com . If notice is not received via e-mail the account will be billed accordingly.**  **I understand there are 2 methods of payment of monthly dues and any other associated fees: Automatic Debit from my bank account or Automatic Charge to my credit card. I agree to set up my payment option once approved for FAST membership.**  **As a member of FAST I agree to be an active member of the team and participate as required in the guidelines established by the board of directors.**  **\_\_\_\_\_ Please initial if you DO NOT WANT any pictures of your athlete published on the FAST website.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Parent/Guardian Date of Application** |

**As of 11/16**