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| C:\Users\Sharon Ward\AppData\Local\Microsoft\Windows\Temporary Internet Files\Low\Content.IE5\XM4WQO74\ST-SWIM-TAMPA-Logo[1].jpg | **Swim Tampa Aquatics** |
| 3005 Cale Ln |
| Tampa, FL 33614 |
| www.SwimTampaaquatics.com |

**Application and Registration Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Swimmer Information** | | | |
| Last Name: |  | First: | MI: |
| Birth date: | Age: | Gender M/F | Grade: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Information** | | | |
| Father’s Last Name: | First: |  |  |
| Cell/Office # |  | Email: |  |
| Mother’s Last Name: | First: |  |  |
| Cell/Office#: |  | Email: |  |
| Address: |  | City: | State/Zip: |
| Home phone: |  |  |  |

Swim Tampa Aquatics does not carry insurance to cover injuries or accidents to its members and participant. It is the understanding that parents/guardians will personally carry whatever insurance coverage they deem necessary for their child and shall not hold Swim Tampa Aquatics, its coaches, or the Jewish Community Center, liable in any way. Applications will NOT be accepted without the waiver being acknowledged and signed below. Dues will not be returned. Notice of Cancellation must be 30 days prior to the billing cycle.

**I, as parent or legal guardian, have read and accept all the conditions set forth on this application.**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Membership Dues** | | Start Date: |
| Bi-Monthly Dues $150.00  Monthly $75.00 | Facility Fee $100.00 (Annual Fee for all swimmers due in January for current swimmers) Due immediately for new swimmers. | |
| USA Swimming Registration Fee $75.00 for 2018. (Annual Fee due in December ) Due immediately for new swimmers. Fee subject to USA Swimming changes. | Team Shirt $10.00  Size: | |
| Amount paid: $ | Check #: | |

**Please make checks payable to: Swim Tampa Aquatics. Late fee will apply if payments due are not received by the 10th of each month.**

** Swim Tampa Aquatics**

[www.SwimTampaAquatics.com](http://www.SwimTampaAquatics.com)

**Emergency Medical Information Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **This form MUST be completed and submitted with each swimmers Application and Registration form.** | | | | |
| Swimmer’s Last/First Name: | Birth Date: | | Gender M/F: | Age: |
| **Primary Parent or Guardian Emergency contact** | | | | |
| Father’s Name: | | Cell/Office/home#: | | |
| Mother’s Name: | | Cell/Office/home#: | | |
| **Secondary Contact if parent or guardian not available** | | | | |
| Name: | | Relationship: | | |
| Telephone Number: | | | | |
| Has your child had any serious illness, injury, or operations? If yes, please provide date and explanation. | | | | |
| Will/does your child take any medication? If yes, please indicate types and effects on child. | | | | |
| Does your child have a physical or mental disability which the coaches need to be aware of for instruction or emergency purposes? If yes, please explain. | | | | |
|  | | | | |
|  | | | | |

**Waiver/Release of Liability**

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant and/or parent/guardian hereby agrees to indemnify and hold harmless Swim Tampa Aquatics, its coaches, agents, officers and employees against any and all liability resulting from any injury that may occur to the participant while participating in the practices and swim meets. The participant and/or parent/guardian also agrees to indemnify Swim Tampa Aquatics for any damages incurred arising from any claims, demands, actions, or cause of action by the participant.

The participant and/or parent/guardian authorize any representative of Swim Tampa Aquatics to have the participant treated in any emergency during their participation in the Swim Tampa Aquatics program. Further, the participant and/or parent/guardian agree to pay all costs associated with the medical care and transportation for the participant.

I have noted on this form any medical/health problems of which the staff/coaches should be aware of.

**I HAVE READ CAREFULLY THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant/Parent/Guardian