



AQUASTAR

2006 Registration

Also complete a USA Swimming/Gulf Swimming form



New to AQUASTAR ____

Returning ____

Date _____

www.swimaqua.org

Family Name	Address	City	Subdivision	Zip Code
_____	_____	_____	() _____	() _____
Parent/Guardian	Occupation / Employer	Work phone	Home phone	
_____	_____	() _____	() _____	
Parent/Guardian	Occupation / Employer	Work phone	Home phone	
_____	_____	() _____	() _____	
Cell phones ()	_____		() _____	

E-mail addresses: _____

Swimmer Name[s]:

Last	First	MI	Age	M/F	Date of birth	School & grade 2005-06	Team use
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

In which area or team activity will you serve as a volunteer? (circle one)

Administration Awards Communications Fund-raising Meet operations Social/Events

Have any of the above been a member of another competitive team in Gulf Swimming or another LSC (Local Swimming Committee) such as Gulf Swimming? _____. If so, contact our registration coordinator Kelli Baliker at kbaliker@houston.rr.com or visit our www.swimaqua.org website to download transfer form(s).

MEDICAL AUTHORIZATION AND RELEASE: The above-named children have our permission and consent while present at AQUASTAR practice facilities, USA Swimming-sanctioned competitions, and other AQUASTAR-approved events to participate in such activities. In the event of illness or injury to any of the above-named children while participating in any such AQUASTAR activity, practice or competition, and in the event a parent or guardian is not present, and after an attempt has been made to reach a parent or guardian of the children informing them of such injury or illness, either the AQUASTAR team coach(es) or official chaperone(s) are hereby authorized to obtain treatment by a medical doctor for said children as fully as a parent or guardian could authorize if he/she were present, it being understood that it is the responsibility of the parent or guardian to maintain the above contact information current and that a cell phone call, if applicable, a phone call to the any/either of the above listed work number(s) during normal business hours (hereby presumed to be weekdays between 8 am and 5 pm) or home number at any other hour shall constitute an attempt to contact the parent or guardian. The undersigned hereby releases and agrees to hold harmless Bay Area Aquanauts, Inc., dba AQUA/STAR/AQUASTAR, its board of directors, coaches and official chaperone(s) from any and all claims, liability, cost and expense arising out of or resulting from participation in any such training activity, competition, or from the procurement of medical treatment for the above-listed swimmers. This authorization and release shall remain in effect until such time as it is either terminated by written notice to the board of directors of AQUASTAR or is superceded by a more current version.

FEE PAYMENT: I understand that monthly training fees are billed in advance and are due by the 1st of the month, and a \$10 late fee will be charged if not received by the 10th of the month. I must notify the team treasurer by the first of any month if the swimmer[s] listed above is/are going "inactive" and do not plan to swim that month; otherwise, I am responsible for the full month's fees. I further understand that monthly training fees are not prorated based on the number of days the listed swimmer[s] do or do not attend practice in any given month, nor are they affected by a specific practice pool's unavailability.

Signature of parent/guardian