

2026 Waves Swim Team

Registration and Emergency Medical Form

Note: Membership to Waterworks and/or Life Center pools is **NOT** required to be members of the Waves Swim Team.

- New Swimmer
- Returning Swimmer

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

Age (as of 6/1/26) _____ **Birthdate:** _____ **Gender:** _____

T-shirt Size (circle): Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large XL 2XL 3XL

** Swimmers who wish to terminate their registration must notify the admin before the end of the first week of practice in order to receive a refund minus a \$50 processing fee. After the first scheduled week of morning practice **NO REFUNDS will be issued. Registration must be received & paid for by May 14th to guarantee a t-shirt. New swimmers must complete a swim test. The Waves board reserves the right to decline any registration.***

Parent/Guardian Information:

Parent/Guard.1: _____ **Phone** _____

Parent/Guard2: _____ **Phone** _____

Swimmer's Address: _____ **City** _____ **Zip:** _____

Primary Contact Email(s): _____

Emergency Information:

Emergency Contact: _____ **Phone** _____

(if neither parent can be reached)

Physician's Name: _____ **Phone:** _____

Meet Policy: As members of the Waves Swim Team all swimmers are required to participate in meets. Any returning swimmers who did not participate in meets in 2025 will have their registration put on hold and will only be accepted if 1. There is space on the team and 2. The family agrees to participate in meets this summer. Any swimmer who registers but does not compete in 2026, unless due to injury, will not have their registration accepted in 2027.

LIABILITY WAIVER AND CONSENT FOR MEDICAL TREATMENT

I hereby agree to permit my child to participate in all activities related to the Water Works Swim Club (Waves). I, for myself, the athlete and any family member who may have a claim by virtue of their relationship to the athlete, hereby release and forever discharge Waves, it's members, board and affiliated organizations from any and all claims, injuries or property damage which may occur as a result of participation in or transportation to and from Waves programs. As the parent or legal guardian of the above-named athlete, I hereby give consent to emergency medical treatment prescribed by a licensed medical professional when conditions necessitate treatment. This authorization does not cover major surgery unless the medical opinions of the licensed physicians/dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of Parent/Guardian

Date

Program Fees

_____ \$165 First Swimmer (\$175 after 5/15)

_____ \$150 Addition Swimmer (\$160 after 5/15)

_____ \$65 Long Course Discounted Fee*

_____ Total Due -An invoice will be emailed out and can be paid online. A 3.5% processing fee will be charged to credit/debit transactions

*This is only for swimmers currently participating in a Summer program such as CFYN Long Course. If you leave the program for any reason you will owe the full Waves team fee.