

**2024 Waves Swim Team
Registration and Emergency Medical Form**

- New Swimmer
 Returning Swimmer

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

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

Age (as of 6/1/24) _____ 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 board president before the end of the first week of practice in order to receive a refund minus a \$25 processing fee. After the first scheduled week of practice NO REFUNDS will be issued. Registration must be received by May 20th to guarantee a t-shirt.*

New swimmers must complete a swim test. You will not be charged until the swim test is completed and approved.

Parent/Guardian Information:

Mother's Name: _____ Phone _____

Father's Name: _____ 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 2023 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 2024, unless due to injury, will not have their registration accepted in 2025.

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

_____ \$160 First Full Time Swimmer
_____ \$140 Each Addition Full Time Swimmer
_____ \$100 High School Swimmer not in LC
_____ \$60 Long Course Discounted Fee*
_____ Total Due -An invoice will be emailed out and can be paid online.

*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.