Date:_____

UNIVERSITY AQUATIC CLUB

2011-2012 REGISTRATION APPLICATION

ONE PER SWIMMER REQUIRED

Check One: **New Member** _____

Current Member _____

SWIMMER's FULL NAME_____
LAST **FIRST** **MIDDLE**

SWIMMER'S PREFERRED FIRST NAME_____ **T-SHIRT SIZE**_____

AGE_____ **BIRTHDAY** _____/_____/_____ **SEX**_____

ADDRESS _____**CITY**_____

STATE_____ **ZIP**_____ **HOME PHONE** _____

SCHOOL/GRADE _____

SWIMMER'S EMAIL ADDRESS_____ **CELL PHONE #**_____

FATHER'S NAME_____**CELL PHONE #**_____

FATHER'S ADDRESS (IF DIFFERENT FROM ABOVE) _____

FATHER'S EMPLOYER _____**PHONE** _____

FATHER'S EMAIL ADDRESS (use desired one) _____

MOTHER'S NAME _____**CELL PHONE #**_____

MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE) _____

MOTHER'S EMPLOYER_____**PHONE** _____

MOTHER'S EMAIL ADDRESS (use desired one)_____

Short Course Membership Fees/Payment Schedule:

Families with multiple swimmers receive a discount for 2nd, 3rd, 4th child etc.
The discounted rate for additional swimmers is reflected in the parenthesis below

	1st Payment Due	Amount	2nd Payment Due	Amount
Pups, J1, J2 & J3s	September 19st	$265 ($225)	January 2nd	$185 ($160)
Huskies 1 and 2	September 19st	$300 ($255)	January 2nd	$300 ($255)

Joining after October 18th:

	1st Payment Due	Amount	2nd Payment Due	Amount
Pups, J1, J2 & J3s	October 19th	$185 ($160)	January 2nd	$185 ($160)
Huskies 1 and 2	October 19th	$210 ($180)	January 2nd	$300 ($255)

AUTHORIZATION

I hereby give consent for my child(ren) to participate with The University Aquatic Club. In consideration of being permitted to participate as a member of The University Aquatic Club, I hereby release, discharge and agree to hold harmless The University Aquatic Club, and it's coaches, members of the Swimming Operations Committee and it's volunteers, together with it's successors and assigns, from any and all liability for injuries to property or person suffered as a result of participation as a member of The University Aquatic Club. I give the club authorization to apply for United States Swimming memberships for my child(ren). I agree that it is the swimmers', their parents/guardians', or designated representatives responsibility to provide transportation to and from any program of The University Aquatic Club and that any transportation provided by representatives of The University Aquatic Club is strictly voluntary on the part of the person providing that transportation.
I agree to and will sign the following: "Terms and Conditions for Participation in The University Aquatic Club" attached to this form, and the "UAC Medical Release". I also have read and understand the "2010/2011 Short Course Fee Structure". I understand that all these forms constitute a legally binding contract.

_____/_____ _____
SIGNATURE **RELATIONSHIP TO SWIMMER** **DATE**

_____ _____
SIGNATURE OF PARTY RESPONSIBLE FOR DUES **DATE**

NEW APPLICANTS-PLEASE COMPLETE THIS SECTION

DISABILITY:
- ☐ A. Legally Blind or Visually Impaired
- ☐ B. Deaf or Hard of Hearing
- ☐ C. Physical Disability *such as amputation, cerebral palsy dwarfism, spinal injury, mobility impairment*
- ☐ D. Cognitive Disability such as *mental retardation, severe learning disorder, autism*

RACE AND ETHNICITY (You may make up to two choices if appropriate):
- ☐ Q. Black or African American
- ☐ R. Asian
- ☐ S. White
- ☐ T. Hispanic or Latino
- ☐ U. American Indian & Alaska Native
- ☐ V. Some Other Race
- ☐ W. Native Hawaiian & Other Pacific Islander

U.S. CITIZEN?
- ☐ **YES**
- ☐ **NO**

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?
- ☐ **YES**
- ☐ **NO**

HIGH SCHOOL TEAM **Y OR N** **IF YES, TEAM** _____

SUMMER SWIM TEAM **Y OR N** **IF YES, TEAM** _____

USA-S CLUB **Y OR N** **IF YES, TEAM** _____

Office Use Only

SWIM GROUP	USA-S REG FEE	Fall Fee	AMOUNT OWED	Winter Fee	AMOUNT OWED	DATE
	$59		1st Check #:		2nd Check #:	