



AGGIE SWIM CLUB

SUMMER CLINIC SWIMMER REGISTRATION FORM

Welcome to the Aggie Swim Club!! Attached are clinic registration forms. It is important that you fill out both forms and return them **with your payment** directly to me at the address below or to your swimmer's coach by Monday, April 11th. Clinic cost is **\$80.00**. Practices are held at the COLLEGE STATION MIDDLE SCHOOL from Monday, April 11th through Thursday, April 28th. Practices are Monday, Tuesday and Thursday 6:30pm – 7:30pm.

Parents' Names: _____ Home Phone: () _____

Home Address: _____
Street City State Zip

E-mail address: _____ Alternate E-mail address: _____

Mom's Daytime Phone: () _____ Dad's Daytime Phone: () _____

Mom's Cell Phone: () _____ Dad's Cell Phone: () _____

Swimmer #1: _____ Birth Date: _____ Age: _____ Sex: _____
Last Name, First Name, Middle Initial

Start Date: _____

Previous Swimming Experience (please circle all that apply): Lessons Summer League USA

Swimmer #2: _____ Birth Date: _____ Age: _____ Sex: _____
Last Name, First Name, Middle Initial

Start Date: _____

Previous Swimming Experience (please circle all that apply): Lessons Summer League USA

Swimmer #3: _____ Birth Date: _____ Age: _____ Sex: _____
Last Name, First Name, Middle Initial

Start Date: _____

Previous Swimming Experience (please circle all that apply): Lessons Summer League USA

Swimmer #4: _____ Birth Date: _____ Age: _____ Sex: _____
Last Name, First Name, Middle Initial

Start Date: _____

Previous Swimming Experience (please circle all that apply): Lessons Summer League USA

Should you have any further questions, please feel free to contact me. Welcome on deck!!

Shannon Clark, Club Administrator

AGGIE SWIM CLUB
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College Station, Texas 77842

Phone: 979-776-1155 / E-mail: aggieswimclub@suddenlink.net

<http://www.aggieswimclub.org>



AGGIE SWIM CLUB (AGS)
Swimmer's Agreement to Hold Harmless

I, _____, agree to & hereby release AGS; the AGS coaching staff,
(Print Name of Parent, Guardian or Adult Swimmer)
 the TAMU Rec Center, College Station Independent School District (CSISD), College Station Middle School, City of College Station, Bryan Aquatic Center or City of Bryan; Gulf Swimming, Inc.; & USA Swimming, Inc.; their agents and employees from all liabilities & claims arising by reason of injuries that may occur to _____ while participating in the programs of the Aggie
(Print Name of Swimmer)

Swim Club, including travel to & from training sessions, other scheduled activities, & swimming meets. I agree to indemnify & hold harmless the above mentioned, their agents & employees, against any & all liability for personal injury, including injuries resulting in death, or damage to property, or both, while enrolled in the program. I agree to reimburse the above for any & all damages they are compelled to pay arising from any such claim, demand, action, or cause of action as may arise from my or my child's action while enrolled in the program.

Emergency Medical Treatment Authorization

I, _____, in the event that I cannot be reached to make
(Print Name of Parent, Guardian, or Adult Swimmer)
 arrangements for emergency medical attention, authorize the staff and / or coaches of the Aggie Swim Club to take my child, _____, to _____
(Print Name of Swimmer) (Print Name of Physician)

or to the nearest emergency medical facility. If the named physician is not available, I authorize the staff & coaches to obtain emergency medical attention & treatment for my child at a hospital or clinic of their choice. I give consent to the hospital or clinic, & physicians to render the necessary emergency treatment to my child.

 SIGNATURE DATE

Insurance Company: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

Physician's Name: _____ Physician's Phone Number: _____

Please circle the appropriate answer below. All information will remain confidential.

- YES NO 1. Has this athlete ever had hospitalization, surgery, injury or serious medical illness?
- YES NO 2. Is this athlete now under the care of a physician or taking any medication?
- YES NO 3. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports?
- YES NO 4. Does this athlete have any known allergies (i.e. to medications)?
- YES NO 5. Does this athlete wear glasses or contact lenses?
- YES NO 6. Has this athlete ever blacked out or lost consciousness during physical activity?

If yes to any of the above, please explain below.

Emergency Telephone Numbers: Work _____ Home _____

Cell _____ Family _____ Friend _____

This information is important to ensure treatment and reimbursement for medical expenses incurred when parents are not available.