

# WESTLAKE WAVES SWIM CLUB

## Team Registration Form

Please Print Clearly

Family Last Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Please list All E-Mail addresses

(used for all club communication, list more than 1, any that you check)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

1 \_\_\_\_\_

Father / Guardian Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day/Business Phone \_\_\_\_\_ Cell / Other # \_\_\_\_\_

2 \_\_\_\_\_

Mother / Guardian Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day/Business Phone \_\_\_\_\_ Cell / Other # \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Names of Swimmers:		Gender	Birthday	School	Grade	Practice Group
First	middle initial					
1. _____	_____	M/F	_____	_____	_____	_____
2. _____	_____	M/F	_____	_____	_____	_____
3. _____	_____	M/F	_____	_____	_____	_____

Date \_\_\_\_\_ Registering for - \_\_\_\_\_ season, starting \_\_\_\_\_ & ending \_\_\_\_\_

Payment attached \$ \_\_\_\_\_

### Agreement, Waiver and Release

All swimmers must have filled out a USA Swimming registration, this Westlake Waves Swim Club registration, and have a medical form on file or they may not participate with the Club. My child(ren) has(have) my permission to participate in the Westlake Waves Swim Club (West) a USA Swimming swim program, in consideration of acceptance of this entry, I waive any and all claims for myself, heirs, and assigns for damage which may result from my child(ren) participation in this club. The Westlake Waves Swim Club and their representatives will assume no obligation for injuries or damages that I or my child(ren) may incur in conjunction with this club. I agree to abide by all the policies of Westlake Waves Swim Club, USA Swimming, and the Westlake Recreation Center. I agree to pay all fees, dues, meet fees, etc promptly when due. I agree to sign up on time, pay the entry fee, and have my child(ren) swim in all Championship Meets, Dual Meets and MOST of all other qualified meets that the Waves participate. I agree to the fund raising / meet help requirement listed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Must be signed by parent or guardian

**FUND RAISING / MEET HELP REQUIREMENT** - The Westlake Waves Swim Club needs the support and involvement of all it's families to provide a great swimming environment for everyone, swimmers and families. During the year the Waves may host a meet, hold a fund raising event, or be required to provide helpers at a district meet, etc. It is a requirement to join the Waves that 100% of all families participate in these activities so everyone does a little and nobody has to do a lot and everything is done well. The Waves will have a "participation buy out fee" assigned to each of these events, if they occur, ranging from \$5 to \$50 per swimmer. Everyone is required to participate or pay the fee, but for those who can't or don't want to participate, this will provide them with another option to help out in their own way. We cannot exist without everyone's assistance at these events, it is invaluable and greatly appreciated.

### **PAYMENT DIRECTIONS:**

- 1. All checks are to be made payable to Westlake Waves Swim Club. 29218 Sunset Drive, Westlake, Ohio 44145**
- 2. Mail the all payments to the club or drop at practice. Always write what the check is for on the memo line.**
- 3. All payments should be paid prior to swimming that session.**

I understand that the coaches of **Westlake Waves Swim Club** can at any time remove my child from practice or from the team for disciplinary reasons due to their behavior or the parents. The coaches may also remove my child from practice due to health reasons. I understand that if my child is removed from practice or from the team I will receive no refund. I understand that the payment of fees specified above are based on participation for the entire season. I understand that I must have a medical release form on file or turn one in with this agreement or my child will be withheld from swimming. Any exceptions to the conditions of the above agreement are subject to the head coach approval and must be presented in writing.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (or swimmer 18 years or older)

\_\_\_\_\_  
DATE