

# Registration Form—April-August 2011

Please print clearly. Check all the available boxes and fill in all the blanks.



Last Name		Today's Date:	
Parents' Names			
Mom		Dad	
Address		City & Zip	
Home Phone Number		Work/Cell Phone(s)	
Email Address(es)			
Email Address(es)			

USA swimming summer membership fee: \$47 per swimmer

Team swimmer registration fee: \$30 per swimmer

Please make checks payable to "LSAC" (Lone Star Aquatic Club)

Monthly fees are due by the 1st of each month. A late charge will be applied to delinquent accounts.

Unless you give written notice by the 1st of the month that you are dropping, you are responsible for the entire month's fee. All fees are non-refundable.

Swimmers new to USA swimming

Must provide a copy of each swimmer's birth certificate per USA swimming membership requirements.

Group Name	Group Code	Monthly Fee	Practice times
Elite	EL	\$140	M-F 6:30-8 pm Additional Dry Land TBD
Senior	SR	\$120	M-F 5-6:30 pm or 6:30-8 pm
Junior 5	JR5	\$100	M-F 4-5 pm
Junior 3	JR3	\$85	M/W/F 4-5 pm or 5-6 pm
Junior 2	JR2	\$70	T/TH 4-5 pm or 5-6 pm

	Swimmer #1	Swimmer #2
First Name & Middle Initial		
Date of Birth	/ /	/ /
Swim Group		
Days/Times		
Monthly Coaching Fee	\$	\$
USA Membership Fee	\$47	\$47
TEAM Registration Fee	\$30	\$30
Total Due	\$	\$

How Did You Hear About Us?

- School Flyers
- YMCA
- Friend
- Internet
- Facebook
- Other

Are you a member of the YMCA?

- Yes
- No

# Financial Agreement

Please print clearly. Check all the available boxes and fill in all the blanks.



I understand that Lone Star Aquatic Club is a non-profit organization working hard to provide an outstanding, stable, and financially sound competitive swimming program for swimmers of all ages and abilities.

## Financial Commitments

- Seasonal team registration fee
- Annual USA Swimming membership fee
- Monthly coaching fee
- Swim Meet fees (if participating)

All fees are non-refundable.

LSAC reserves the right to adjust practice times to meet the overall needs of the program.

Swim Meet participation is optional. There are additional fees associated with entering a meet. If choosing to enter swim meets, the meet entry fees must be paid to LSAC by the required due date.

A \$5.00 late charge may apply to delinquent accounts and be added to your monthly coaching fees if your monthly payment is not received by the 1st of each month.

Unless you give written notice by the 1st of the month that you are dropping, you are responsible for the entire month's fee.

Families having more than three swimmers will pay full price for the first three swimmers and one half the regular coaching fee for each of the lowest priced additional, immediate family members.

All of the above is clearly understood and agreed to by:

---

Signature of Parent/Guardian, Custodial Parent

Date

# Medical Release Form & Emergency Information

Please print clearly. Check all the available boxes and fill in all the blanks.



Last Name	
Parents' Names	
Mom	Dad
Address	City, State & Zip
Home Phone Number	
Work/Cell Phone(s) Number(s)	
Mom	Dad
Emergency Contact Person	Phone Number
Relationship to Swimmer	
Family Insurance Company	Group/Policy Number
Family Doctor	Phone Number
Address	City & State

If you are unable to contact the doctor, please accept this letter as your authority to use the doctor on call in the Emergency Room for any necessary emergency medical treatment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Parent or Guardian

I, \_\_\_\_\_ (Parent/Guardian of Above Listed Child(ren)) do hereby give my permission and approval for participation for the above named child(ren) in any and all activities sponsored by Lone Star Aquatic Club and I assume all risk and hazard incident to my child's(ren's) participation, including transportation to and from such activities. Accordingly, I waive, release, indemnify and agree to hold harmless the Lone Star Aquatic Club and its Coaches, Assistant Coaches, Club Officers, officials, participants and parents from any claim arising out of injury to my child(ren) while participating in any and all activities, including, but not limited to, transportation to and from all practice swim sessions, competitive swim meets and other activities sponsored by Lone Star Aquatic Club.

Furthermore, I know of no impairment or deficiency, physical health or otherwise, that would limit or prohibit my child(ren) from participating in practice swim sessions and competition. I agree to advise and make known to Lone Star Aquatic Club and the Coach of any change in the physical health or any other condition that would limit or prohibit my child(ren) from participating in practice sessions, competitive swim meets, and other activities sponsored by Lone Star Aquatic Club.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This form is to be available at all LSAC swimming activities.

Swimmers First Name
Birth Day
Allergic to Any Medication
Other Allergies or Special Problems
List Regular Medication
Swimmers First Name
Birth Day
Allergic to Any Medication
Other Allergies or Special Problems
List Regular Medication
Swimmers First Name
Birth Day
Allergic to Any Medication
Other Allergies or Special Problems
List Regular Medication
Comments:



**USA SWIMMING**

**2011 SEASONAL ATHLETE REGISTRATION APPLICATION**

**LSC: South Texas Swimming**

CHECK APPROPRIATE SEASONAL PERIOD:

- SEASON 1
- SEASON 2
- INDIVIDUAL SEASON

REG. DATE / OFFICE USE ONLY

--	--	--	--	--	--	--	--

**THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.**

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME

PREFERRED NAME	DATE OF BIRTH (MO./DAY/YR.)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
				L S J A C	

FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS

U.S. CITIZEN?  YES  NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

**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

**MAKE CHECK PAYABLE TO:**

Lone Star Aquatic Club

**MAIL APPLICATION & PAYMENT TO:**

**Please give application to your Club Team for processing.**

IF YES, WHICH FEDERATION:

REGISTRATION FEE	
USA Swimming Fee	\$27.00
LSC Fee	\$20.00
<b>TOTAL DUE</b>	<b>\$47.00</b>

YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2010, ENTER THAT CLUB CODE: \_\_\_\_\_ LSC CODE: \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: \_\_\_\_\_.

HIGH SCHOOL STUDENTS – Year of high school graduation: \_\_\_\_\_

SIGN HERE x \_\_\_\_\_  
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

*USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.*

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
- Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)



**USA SWIMMING**

**2011 SEASONAL ATHLETE REGISTRATION APPLICATION**

**LSC: South Texas Swimming**

CHECK APPROPRIATE SEASONAL PERIOD:

- SEASON 1
- SEASON 2
- INDIVIDUAL SEASON

REG. DATE / OFFICE USE ONLY

--	--	--	--	--	--	--	--

**THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.**

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME

PREFERRED NAME	DATE OF BIRTH (MO./DAY/YR.)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
				L S J A C	

FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS

U.S. CITIZEN?  YES  NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

**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

**MAKE CHECK PAYABLE TO:**

Lone Star Aquatic Club

**MAIL APPLICATION & PAYMENT TO:**

**Please give application to your Club Team for processing.**

IF YES, WHICH FEDERATION:

REGISTRATION FEE	
USA Swimming Fee	\$27.00
LSC Fee	\$20.00
<b>TOTAL DUE</b>	<b>\$47.00</b>

YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2010, ENTER THAT CLUB CODE: \_\_\_\_\_ LSC CODE: \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: \_\_\_\_\_.

HIGH SCHOOL STUDENTS – Year of high school graduation: \_\_\_\_\_

SIGN HERE x \_\_\_\_\_  
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

*USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.*

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
- Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)