

LONE STAR AQUATIC CLUB
2010 APRIL - AUGUST REGISTRATION FORM

(Please print clearly)

Last Name: _____ Today's Date: _____
 Parents' Names: (Mom) _____ (Dad) _____
 Address: _____ City & Zip: _____
 Home Phone: _____ Work / Cell Phone(s): _____
 E-mail Address(es): _____

Groups, Fees and Practice Times

Group Name	Group Code	Monthly Fee	Practice times
Elite	EL	\$130	M-F, 6:30-8 pm (during school) M-F, 6-8 am (summer schedule) Additional Dry Land TBD
Pre-Elite	Pre-EL	\$120	M-F, 5-6:30 pm
Senior	SR	\$110	M-F, 5-6:30 pm or 6:30-8 pm
Junior 5	JR5	\$90	M-F, 4-5 pm or 5-6 pm
Junior 3	JR3	\$75	MWF, 4-5 pm
Junior 2	JR2	\$60	T/TH, 4-5 pm

USA Swimming SEASONAL FEE: \$46 per swimmer

TEAM SWIMMER REGISTRATION FEE: \$55 per swimmer

	Swimmer #1	Swimmer #2
First Name & Middle Initial:		
Gender & Current Age:		
Date of Birth:		
Swim Group:		
Days/Times:		
Monthly Coaching Fee:		
USA Membership Fee: (Good April - August)	\$46	\$46
TEAM Registration Fee:	\$55	\$55

PLEASE MAKE CHECKS PAYABLE TO "LSAC" (Lone Star Aquatic Club)

Monthly fees are due no later than the 1st of each month. A late charge may 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 INSURANCE REQUIREMENTS.

FINANCIAL AGREEMENT

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.

A 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.

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.

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 by the required due date.

All of the above is clearly understood and agreed to this _____ day of _____ 2010.

Signature of Parent, Guardian, Custodial Parent: _____

LONE STAR AQUATIC CLUB RELEASE FORM FOR WEBSITE, PRESS RELEASES, DIRECTORY

Lone Star Aquatics asks your permission in granting us the ability to post swimming team photos and swimming action photos of you / your child(ren) on our LSAC website, www.lonestaraquatics.com. We are asking each LSAC swimmer / parent to comply with this request in the hope of maintaining a first-class website with up-to-date information and photos on all team meets and events.

Further, we are asking your permission to use swimming photos of you / your child(ren) in any news releases for local newspapers.

We are also asking your permission to include your name and phone number in a team directory that will only be distributed to team members.

Check the appropriate boxes to grant permission to Lone Star Aquatics to:

- post swimming related photos of myself / my child(ren) on the LSAC website.
- use swimming related photos of myself / my child(ren) as a part of press releases to newspapers.
- include the name and phone number of myself / my child(ren) in the team directory.

Parent or Legal Guardian Signature: _____

Date: _____

LONE STAR AQUATIC CLUB
MEDICAL RELEASE FORM & EMERGENCY INFORMATION
(Please print clearly)

Last Name: _____ Mom's Name: _____ Dad's name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: (Mom) _____ (Dad) _____
Emergency Contact Person: _____ Phone: _____ Relation/swimmer _____
Family Insurance Company: _____ Group/Policy #: _____

Swimmer's First Name	Birth Date	Allergic to Any Medication	Other Allergies or Special Problems
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is swimmer on regular medication? _____ Please list medication: _____

FAMILY DOCTOR: _____ Phone: _____

Address: _____ City: _____

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, _____ do hereby give my permission and approval for participation for the above
Parent / Guardian of Above Listed Child(ren)
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 it's 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.



USA SWIMMING

2010 ATHLETE REGISTRATION APPLICATION
LSC: South Texas Swimming

REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME fields

PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE (L S A C), NAME OF CLUB YOU REPRESENT (Lone Star Aquatic Club)

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

MAILING ADDRESS field

CITY, STATE, ZIP CODE fields

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: 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:

LSAC

MAIL APPLICATION & PAYMENT TO:

Please give application to your Club Team for processing.

REGISTRATION FEE table: USA Swimming Fee \$46.00, LSC Fee \$20.00, TOTAL DUE \$66.00

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2009, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

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 719/666-4578 if you do not wish to receive these mailings.
Check if you would like to learn more about USA Swimming's community initiatives
Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)



USA SWIMMING

2010 ATHLETE REGISTRATION APPLICATION
LSC: South Texas Swimming

REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME fields

PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE (L S A C), NAME OF CLUB YOU REPRESENT (Lone Star Aquatic Club)

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

MAILING ADDRESS field

CITY, STATE, ZIP CODE fields

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: 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:

LSAC

MAIL APPLICATION & PAYMENT TO:

Please give application to your Club Team for processing.

REGISTRATION FEE table: USA Swimming Fee \$46.00, LSC Fee \$20.00, TOTAL DUE \$66.00

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2009, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

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 719/666-4578 if you do not wish to receive these mailings.
Check if you would like to learn more about USA Swimming's community initiatives
Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)