



AGGIE SWIM CLUB

Welcome to the Aggie Swim Club!! Attached are team registration forms. It is important that you fill out all of the forms during your swimmer's first week of practice. Once these forms are completed and returned we will complete and send in the United States Swimming (USA) registration form for you. ALL SWIMMERS MUST BE USA REGISTERED IN ORDER TO PARTICIPATE WITH THE AGGIE SWIM CLUB, even if not competing.

Costs associated with the club:

- Annual USA registration fee of \$76.00 per swimmer (Can be reduced to \$5/swimmer with proof of school lunch qualification.)
- \$65.00 annual family administration fee (Can be reduced to \$40 with proof of school lunch qualification.)
- Monthly dues (As below.)

Please include one payment for the USA registration fee and first month's dues when you turn in the attached forms. (All checks should be made payable to "Aggie Swim Club"). Payment for the family administration fee will be billed via e-mail during your first month of membership.

Monthly swimming dues are as follows:

\$65.00/month for Novice twice/week or **\$75.00**/month for Novice four times/week

\$80.00/month for Age Group Development

\$90.00/month for Age Group

\$95.00/month for Junior Stars

\$105.00/month for Junior

\$115.00/month for Senior

**** MONTHLY DUES CAN BE REDUCED TO \$50.00 PER MONTH WITH PROOF OF FREE/REDUCED SCHOOL LUNCH QUALIFICATION - SOME LIMITATIONS APPLY ****

Fee amounts listed above will be increased \$5.00 per month if no automatic pay (EFT or credit card) is used

If your swimmer joins after the 15th of the month, dues will be pro-rated to one half of the monthly fee for the first month. Families with multiple swimmers will be given a discount off of these monthly dues of 20% for the second swimmer, 30% for the third swimmer, etc. There are no discounts on USA Registrations or Family Registrations. Other than the first month of joining there are no pro-rations on monthly dues for swimming a portion of a month.

Practices are held at the TEXAS A&M RECREATION CENTER YEAR ROUND:

Age Group: Mon–Fri 5:45–7:15pm and Sat at 11:30am-1:00pm (or as scheduled on Saturday)

Junior Stars: Mon-Fri 5:30-7:00pm and Sat 11:30am-1:00pm (or as scheduled on Saturday)

Junior: Mon-Fri 5:30-7:30pm and Sat 11:30am-1:30pm (or as scheduled on Saturday)

Senior: Mon–Fri 5:30-7:30pm and Sat 11:30am-1:30pm (or as scheduled on Saturday)

Summer practices for the Senior swimmers wishing to do doubles are held from 6:00am-7:30am at the TAMU Rec Center.

Practices are held at the COLLEGE STATION MIDDLE SCHOOL NATATORIUM YEAR ROUND:

Novice: Mon/Wed or Tues/Thurs 4:30-5:15pm, 5:30-6:15pm, 6:30-7:15pm

Age Group Development: Mon-Thurs 4:30-5:30pm, 5:30-6:30pm or 6:30-7:30pm

Please consult our coaching staff to determine the best practice group for you or your swimmer.

Please return all completed forms **with your initial payment** directly to me or to your swimmer's coach. Once these are submitted and processed you will be billed monthly via e-mail for all subsequent dues and these payments should be mailed prior to the first of each month to:

Aggie Swim Club
P.O. Box 10596
College Station, Texas 77842

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

Shannon Clark, Club Administrator

E-mail: aggieswimclub@suddenlink.net

<http://www.aggieswimclub.org>



AGGIE SWIM CLUB – SWIMMER REGISTRATION FORM

REGISTRATION FEE: The 2017 annual USA fee is \$76.00 per swimmer. This is good through 12/31/17.
(The USA fee can be reduced to \$5/swimmer with proof of school lunch qualification).

Please return this form along with payment to:
AGGIE SWIM CLUB, P.O. Box 10596, College Station, Texas 77842

Parents' Names: _____ Home Phone: () _____

Home Address: _____
Street City State Zip

E-mail address: _____ Alternate E-mail address: _____
(Your e-mail address will be used for billing purposes and will be added to our distribution list to keep you updated with regard to Club activities. Please notify us if your e-mail address changes during the year.)

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

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

How did you hear about the Aggie Swim Club? _____

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

Preferred First Name/Nickname: _____ Start Date: _____

Swim Group (Please circle): Novice, Age Group Development, Age Group, Junior, Senior

Location: TAMU Rec College Station Middle School (CSMS)

Novice - please circle: Mon/Wed Tues/Thurs
4:30-5:15pm (CSMS) 5:30-6:15pm (CSMS) 6:30-7:15pm (CSMS)

Age Group Development - Mon-Thur – please circle: 4:30-5:30pm (CSMS) 5:30-6:30pm (CSMS) 6:30-7:30pm (CSMS)

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

Preferred First Name/Nickname: _____ Start Date: _____

Swim Group (Please circle): Novice, Age Group Development, Age Group, Junior, Senior

Location: TAMU Rec College Station Middle School (CSMS)

Novice - please circle: Mon/Wed Tues/Thurs
4:30-5:15pm (CSMS) 5:30-6:15pm (CSMS) 6:30-7:15pm (CSMS)

Age Group Development - Mon-Thur – please circle: 4:30-5:30pm (CSMS) 5:30-6:30pm (CSMS) 6:30-7:30pm (CSMS)

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

Preferred First Name/Nickname: _____ Start Date: _____

Swim Group (Please circle): Novice, Age Group Development, Age Group, Junior, Senior

Location: TAMU Rec College Station Middle School (CSMS)

Novice - please circle: Mon/Wed Tues/Thurs
4:30-5:15pm (CSMS) 5:30-6:15pm (CSMS) 6:30-7:15pm (CSMS)

Age Group Development - Mon-Thur – please circle: 4:30-5:30pm (CSMS) 5:30-6:30pm (CSMS) 6:30-7:30pm (CSMS)

Please initial on each line.

_____ I understand that the monthly fee is billed 1 month in advance and is due by the last day of the billed month. A \$10 late fee for payments received after the 10th of the month will be assessed. I understand that if my account becomes 30 days past due, my swimmer will not be allowed to participate with the Club until my account, including late fees, is paid in full.
_____ I understand I am responsible for any USA swimming meet fees or fines imposed.
_____ I understand I am responsible to work up to four of our hosted team meets. (Intrasquad meets and timing at meets my swimmer attends do not count toward this obligation). I agree to be responsible to pay \$100 per session for failure to work or sign up for my assigned session(s).

SIGNATURE

DATE



AGGIE SWIM CLUB

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; Gulf Swimming, Inc.; & USA Swimming, Inc.; their agents and employees from all liabilities & claims arising by reason of injuries that may occur to _____
(Print Name of Swimmer(s))

while participating in the programs of the Aggie 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(s)) (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 complete the appropriate answer below. All information will remain confidential.

Swimmer's Name:	Yes or No:	Swimmer's Name:	Yes or No:	Swimmer's Name:	Yes or No:	
						Has this athlete ever had hospitalization, surgery, injury or serious medical illness?
						Is this athlete now under the care of a physician or taking any medication?
						Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports?
						Does this athlete have any known allergies (i.e. to medications)?
						Does this athlete wear glasses or contact lenses?
						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 _____
Name & Number Name & Number Name & Number

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

For more information, please contact Shannon Clark, Club Administrator at aggieswimclub@suddenlink.net