



Storm Aquatics, P O Box 171,
Lake Stevens, WA 98258

2009—2010 REGISTRATION & EMERGENCY FORM

Please fill out one form for EACH SWIMMER in your family
(PRINT LEGIBLY)

Name: _____ Preferred Name: _____
Last First Middle

Date of Birth: _____ Gender: M F Address: _____

Email Address: _____

Home Phone: _____ School: _____ Grade: _____

Mother's Name: _____ Occupation: _____

Mothers Work Phone: _____ Cell Phone: _____

Fathers Name: _____ Occupation: _____

Fathers Work Phone: _____ Cell Phone: _____

Family Doctor: _____ Phone: _____

Insurance: _____ Policy # _____ Group # _____

Should an emergency arise and I am (we are) not available, please contact:

Name: _____ Phone: _____

Does your swimmer have any allergies, illness, or physical limitations, or other problems that should be known by the coaches and Board of Directors?

If new to Storm Aquatics, how did you hear about us?

___ I wish to pay my swimming dues yearly

___ I wish to pay September dues (one month), and then on the Trimesters (3 payments, due Oct 1, Jan 2, and April 1

___ I wish to pay monthly on the 1st of each month September thru July (11 payments)

- I will be assessed a \$10.00 late fee if payment is received on or after the 10th
- There will be a \$35.00 charge for any NSF check received by Storm Aquatics

Do you give permission for your child's photograph to be used in promotional materials, including articles on the internet?

Yes, I do _____ No, I do not _____

Main source of communication is through the team website and email.

www.stormaquatics.net
Info@stormaquatics.net

T-Shirt Size
Adult
Youth

I hereby release Storm Aquatics, its officers, coaches, and representatives from liability which may arise out of my child's participation in any said club activities, games, practices, or transportation to or from such events and to hold said club, officers, coaches, or representatives harmless from any expenses of claim for damages which may be incurred by that child or any injury or accident which may occur in connection with such child's participation herein. I have read, understand and agree to abide by all fee and policy information.

Signed: _____ Date: _____