



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

2011—2012 REGISTRATION & EMERGENCY FORM

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

Name: _____ Preferred Name: _____
Last Middle First

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

Email Address: _____

Home Phone: _____ School: _____ Grade: _____

Mothers 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, behavioral disorders or physical limitations, or other problems that should be known by the coaches and Parent Board?

**** If a swimmer has a serious, medically diagnosed condition that may require parent attention, we request that a parent or guardian for the swimmer attend team practices, swim meets, and other team events. ****

The Coaches need to know:

I wish to pay my swimming dues yearly

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
- I will pay any bank fees charged to Storm Aquatics for 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

T-Shirt Size Adult _____
Youth _____

Communication: The main source of team communication is through the team website and email:
www.StormAquatics.net info@StormAquatics.net

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: _____

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