

Tryout Start Date: _____

Acceptance/Denial Date: _____

Manoa Aquatics Swimmer Information FormSwimmer's Name _____ Sex: M F Birthdate: _____
Last First Middle Initial circle

Home Address _____ Apt. # _____ City _____ Zip _____

Mailing Address _____ Apt. # _____ City _____ Zip _____

Father's Name _____ Phone: Home _____ Cell _____ Employer _____ *Email: _____ *required for billing purposes	Mother's Name _____ Phone: Home _____ Cell _____ Employer _____ *Email: _____ *required for billing purposes
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 Parent's material status: Married Separated Divorced Child resides with: _____
 *if divorced, legal custody of minor is: joint sole with _____

Emergency Contacts: in case swimmer listed above becomes ill, or is injured at practice, meets, or club related events, or in case of emergency evacuation/cancellation of event and I cannot be contacted, Manoa Aquatics has my permission to contact and release my child to the custody of one of the following:

Name	Relationship	Phone Number
1.		
2.		

Family Physician _____ Phone Number _____

Health Insurance:	Subscriber Name:
Policy #:	Preferred Hospital:

 The swimmer listed above has: ☐ No Medical Conditions ☐ Medical conditions listed:

Type	Date	Reaction/Description
Allergies		

Swim experience:

Manoa Aquatics is a competitive swim team and does not provide learn-to-swim lessons. All swimmers must be able to swim 50 Meters without stopping, and have the ability to swim at least 2 of the 4 competition strokes (freestyle, breaststroke, butterfly and backstroke).

Swim Lessons	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location:	
	# of years:		# of sessions:
Swim Team	Yes <input type="checkbox"/> No <input type="checkbox"/>	Team:	# of years:
Best Stroke		Best Time (Yard/Meter)	

Fees:	First Child	Subsequent Children (each)	Seasonal 5/1 – 8/31
Manoa Aquatics Initiation fee:	\$85.00	\$85.00	\$85.00
USA Swimming Fee:	\$69.00	\$69.00	\$35.00
First Month's dues:	\$65.00	\$40.00	\$65.00
Total:	\$219.00	\$194.00	\$185.00

Manoa Aquatics is a non-profit, competitive swim team. Swimmers are expected to attend practice regularly and participate in swim meets and competitions.

Practice times: Monday through Friday from 5:00 pm to 6:30 pm daily at the Harry M. Mamizuka Pool excluding holidays and pool closures.

By signing this form, I understand that I am providing consent for Manoa Aquatics:

1. To take appropriate action for the safety and welfare of my child in case of an emergency and/or need for transport to an emergency facility
2. To utilize contact information for club communications and events

I also understand, that upon admission to Manoa Aquatics that enlistment in the Manoa Aquatics Booster club is automatic. Parents are expected to participate to support the efforts of the team. Parents will be assigned various duties at meets and are expected to help at all the meets Manoa Aquatics hosts.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

***If joint legal custody, both parents signatures required.**

Official Use Only

• Birth Certificate <input type="checkbox"/>	• Cap <input type="checkbox"/> Team Bag <input type="checkbox"/> Team T-shirt <input type="checkbox"/>
• USA Swimming Registration Form <input type="checkbox"/>	• USA swimming policies: travel <input type="checkbox"/> Anti-bullying <input type="checkbox"/> Electronic Communication <input type="checkbox"/>
• Transfer Form (if applicable) <input type="checkbox"/>	• By-laws <input type="checkbox"/>
• Initiation Fee \$ _____	• Privacy Form <input type="checkbox"/>
• Email confirmation complete <input type="checkbox"/>	

Release Date: _____