

# Greater Pensacola Aquatic Club

## Masters Registration

Swimmer's Legal Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Swimmer's Preferred Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M F

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size (circle one): YS YM S M L XL XXL Athlete Social Security Number: \_\_\_\_\_

How did you hear about GPAC? \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Group Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_



**U.S. MASTERS  
SWIMMING**  
swimming for life! [www.usms.org](http://www.usms.org)

### OFFICE USE ONLY

Date Joining GPAC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Swim Team Information:

US Masters Registration Form Copy  
UWF ID

YES / NO  
YES / NO



Greater Pensacola Aquatic Club

# Notification of US Masters Swimming Insurance Coverage Liability & Medical Release

*PLEASE READ CAREFULLY BEFORE SIGNING.  
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I agree and understand that swimming can be a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death. I understand that upon payment of my US Masters Swimming fee that I am covered by US Masters Swimming's liability insurance and secondary medical insurance at all practices, meets, and any other activities that are approved and/or sanctioned by US Masters Swimming.

If I am injured while participating in any approved and/or sanctioned activities, I and my family agree to indemnify and hold harmless the Greater Pensacola Aquatic Club (GPAC) & Pensacola State College (PSC), Milestone Aquatic Club (MAC), The University of West Florida (UWF) and any other facility GPAC may use as well as Southeastern Swimming (SES). I do hereby, forever discharge GPAC, PSC, MAC, UWF and SES and all their coaches, instructors, officers, directors, agents, and employees from any and all claims, demands, and actions on account of death or injury to myself which may occur from any cause during participation in activities of the GPAC. By signing this release, I swear that I am in good physical condition and I am not aware of any disease or injury that would result in me being injured during any program participation. I have also noted below any medical/health problems of which the staff should be aware.

I hereby authorize and consent for the coaches, instructors, officers, directors, agents, and employees of GPAC to employ on my behalf a licensed physician for any emergency treatment that I may need, in connection with any injury, accident, or illness suffered while involved with a team activity. Said authorization and consent for emergency treatment includes hospitalization and/or surgical care as recommended by said physician. It is understood that every reasonable effort will be made to garner consent from me or a relative prior to obtaining medical attention. Further, I agree to pay all costs associated with medical care and transportation that may occur.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.** I understand that this consent applies to each person that I enroll in any GPAC program.

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Parent / Guardian Signature

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Date

Please list any significant medical history (allergies, injuries, surgeries, diseases, etc.)

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## Financial Obligations, Code of Conduct & Communications

I agree that if I participate in any Greater Pensacola Aquatic Club (GPAC) activities during any part of a billing period that I will be responsible for the fees assessed by GPAC for that billing period in accordance with the GPAC financial policies. These fees may include, but are not limited to, registration fees, training fees, travel fees, meet fees, late fees, returned check fees, hospitality fees, fundraising requirement fees, team support fees, and US Masters Swimming annual fees.

I agree that I and my family will not bring or possess alcoholic beverages, illegal drugs or International Olympic Committee banned substances on the premises. We further agree to abide by the general rules of conduct (code of conduct) prescribed for participants and their families and that violations may result in a denial of swimming privileges. I also agree to abide by any and all policies set by the GPAC Board of Directors.

I agree that along with other forms of communications, such as mail, e-mail is an official means of communication through which I may contact GPAC and GPAC may contact me. Families are responsible for receiving, reading, complying with, and responding to official email communications from GPAC.

Please make sure you update GPAC with any e-mail account changes and be sure to check your e-mail regularly to keep yourself abreast of any new developments, new or revised policies and procedures, any scheduled updates or changes, account updates and notifications, etc.

I understand that this applies to each person that I enroll in any GPAC program.

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Parent / Guardian Signature

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Date

## Photo / Video Release

The purpose of this section is to obtain permission for the Greater Pensacola Aquatic Club (GPAC) to use images of its swimmers in basic marketing materials, including but not limited to, fliers, newspaper articles, GPAC website articles and television spots.

I hereby give permission for images of myself, captured during regular and special activities of GPAC through video, photo, and digital camera, to be used solely for the purpose of GPAC promotional material and publications, and waive any rights of compensation or ownership thereto.

I understand that this consent applies to each person that I enroll in any GPAC program.

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Parent / Guardian Signature

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Date