

Brownsville Aquatics Team Registration

For office use only

Today's Date: _____

Swimmer's legal name: _____
Last First Middle

Preferred Name: _____ Date of Birth (mm/dd/yy): _____

Parent / Guardian Information:

Last Name(s): _____

First Name(s): _____

Mailing Address: _____

City: _____ Zip: _____

Home Phone: _____

Mother's Work Phone: _____ Cell Phone: _____ Email: _____

Father's Work Phone: _____ Cell Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION: Name of Contact: _____ Number: _____

Please indicate any special / medical condition that may affect the swimmer's performance or that you feel the coaching staff should be aware of: _____

☐ Photocopy of birth certificate attached - (Required from new swimmers only!)

Competitive membership in Brownsville Aquatics involves the following responsibilities:

1. Be courteous and respectful in your relationship with coaches, officials, volunteers, and team members.
2. Support your coach and teammates with a positive and courteous attitude.
3. Work with your coach in goal setting and agree to work towards achieving your full potential as a competitive swimmer.
4. Abide by the rules and regulations of Brownsville aquatics and United State Swimming
5. Conduct yourself with proper decorum when representing Brownsville Aquatics and the Sport of Swimming

Swimmers who do not conform to the rules and regulations of Brownsville Aquatics will be dismissed from the club by the Head Coach and will forfeit all membership privileges. The Head Coach may grant re-admission only by written application.

Competitor's signature

Date signed

Parental membership in Brownsville Aquatics requires support and assistance. Being a 'great' swim parent is a very tough task.

Parental responsibilities include:

1. Agree to support coaches, swimmers, and the total program with courteous and positive attitude. It is assumed the Brownsville Aquatics swimmer(s) will not receive coaching from individuals not associated with Brownsville Aquatics.
2. Agree to volunteer at swim meets and other club activities.
3. Agree to pick up swimmer promptly when swim session is done.
4. Agree to contact a club board member, in person, once per week to get updates on any club activities.
5. Agree to pay dues, meet entry fees and other special fees on time.

I understand that the Head Coach must approve this membership application. If accepted, I understand that continued membership in Brownsville Aquatics will depend on my support of the total swimming program with a positive attitude. Further, I understand that if I do not adhere to the above stands, myself, my family and my competitive swimmer(s) may be removed from the Brownsville Aquatics. I do hereby, for and on behalf of myself and my heirs and legal representatives, release and forever discharge Brownsville Aquatics, its officers and representatives, from any and all claims, demands, and injuries, howsoever arising from, or in any Brownsville Aquatics or sponsoring entities.

Signature of Parent or Guardian

Date signed

Payments can be mailed to: P.O. Box # 5972, Brownsville, TX 78523

Club website: www.usaswimming.org/ST/BAS.club

Print three copies for: Secretary, Head Coach, Parent