

Greater Pensacola Aquatic Club

2010 Athlete Registration Form

Swimmer's Legal Name: _____
(First) (Middle) (Last)

Swimmer's Preferred Name: _____ Birth date: ____/____/____ Gender: M F

Swimmer Contact Info: Cell Phone: _____ Email: _____

T-Shirt Size (circle one): YS YM YL S M L XL

How did you hear about GPAC? _____

DISABILITY:

- A. Legally Blind or Visually Impaired
 B. Deaf or Hard of Hearing
 C. Physical Disability *such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment*
 D. Cognitive Disability *such as mental retardation, severe learning disorder, autism*

RACE AND ETHNICITY

(You may make up to two choices if appropriate):

- Q. Black or African America
 R. Asian
 S. White
 T. Hispanic or Latino
 U. American Indian & Alaskan Native
 V. Some Other Race
 W. Native Hawaiian & Other Pacific Islander

U.S. CITIZEN: Y N

If No, please list nationality. _____

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?

IF YES, WHICH FEDERATION: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2009, ENTER THAT CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____.

Parent / Guardian Names: _____

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Additional Phone: _____

Email: _____

Parent's Place of Employment: _____

Emergency Contact Person: _____

Phone: _____

Family Physician: _____

Phone: _____

Family Dentist: _____

Phone: _____

Health Insurance Carrier: _____

Group Name: _____

Name of Insured: _____

Policy Number: _____

OFFICE USE ONLY

Date Joining GPAC: ____/____/____

Swim Team Information:

Group: White: M, W & F ____ T, TH & F ____ Blue: ____ Green: ____
Junior: ____ Senior Blue: ____ Senior Green: ____ Senior: ____

Summer League

Location: The Club: ____ Milestone Aquatic Club: ____
Pensacola Junior College: ____ The University of West Florida: ____

(OVER)

Notification of U. S. Swimming Insurance Coverage / Liability & Medical Release / Financial Obligations:

I understand that upon payment of my swimmer's United States of America Swimming fee that my child is covered by USA Swimming's liability insurance and secondary medical insurance at all practices, meets, and any other activities that are approved and/or sanctioned by USA Swimming.

If my child/children is injured while participating in any approved and/or sanctioned activities, I and my family agree to waive any legal claim against the Greater Pensacola Aquatic Club, The Club, Milestone Aquatic Club, Pensacola Junior College, The University of West Florida, any other facility that GPAC uses and Southeastern Swimming. I do hereby, forever discharge the Greater Pensacola Aquatic Club and all their officers, agents, and employees from any and all claims, demands, and actions on account of death or injury to my child which may occur from any cause during participation in activities of the Greater Pensacola Aquatic Club. By signing this release, I swear that my child is in good physical condition and I am not aware of any disease or injury that would result in his/her being injured during any program participation.

I hereby authorize and consent for the officials, agents, and employees of The Greater Pensacola Aquatic Club to employ on my behalf a licensed physician for the emergency treatment of my child, 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 notify me of said emergency.

I agree that if my child participates in any GPAC activities during any part of a billing period that I will be responsible for the fees assessed by the Greater Pensacola Aquatic Club for that billing period in accordance with the GPAC financial policies. These fees may include, but are not limited to, training fees, competition fees, late fees, returned check fees, hospitality fees, fundraising obligation fees, and USS 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 prescribed for participants and their families and that violations may result in a denial of swimming privileges.

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

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

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

Photo / Video Release

The purpose of this section is to obtain permission for 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 my child, captured during regular and special activities of the Greater Pensacola Aquatic Club (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.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date