

Greater Pensacola Aquatic Club

SWIM SCHOOL REGISTRATION FORM

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

Swimmer's Preferred Name: _____ Birth date: ____ / ____ / ____

U.S. Citizen: Y N If No, please list nationality _____ Gender: M F

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: _____

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 School Information:

<table style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Group</th></tr> <tr><td>_____ Beginner</td></tr> <tr><td>_____ Intermediate</td></tr> <tr><td>_____ Pre-Competitive</td></tr> </table>	Group	_____ Beginner	_____ Intermediate	_____ Pre-Competitive	<table style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Time</th></tr> <tr><td>_____ 3:30 - 4:10 PM</td></tr> <tr><td>_____ 4:15 - 4:55 PM</td></tr> <tr><td>_____ 5:00 - 5:40 PM</td></tr> <tr><td>_____ 5:45 - 6:25 PM</td></tr> </table>	Time	_____ 3:30 - 4:10 PM	_____ 4:15 - 4:55 PM	_____ 5:00 - 5:40 PM	_____ 5:45 - 6:25 PM	<table style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: center;">Days</th></tr> <tr><td>_____ Mon & Wed</td></tr> <tr><td>_____ Tues & Thurs</td></tr> </table>	Days	_____ Mon & Wed	_____ Tues & Thurs
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<small>(Amount Paid)</small>	<small>(Date Paid)</small>	<small>(Amount Paid)</small>	<small>(Date Paid)</small>											

Notification of U. S. 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 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 indemnify and hold harmless the Greater Pensacola Aquatic Club (GPAC) & Pensacola State College (PSC), The Club, 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, The Club, 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 my child which may occur from any cause during participation in activities of the GPAC. 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 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 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. Further, the parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

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 child that I enroll in any GPAC program.

Parent / Guardian Signature

Date

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

Financial Obligations, Code of Conduct & Communications

I agree that if my child participates 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, and USA 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 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 child that I enroll in any GPAC program.

Parent / Guardian Signature

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 my child, 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 child that I enroll in any GPAC program.

Parent / Guardian Signature

Date