

2011 WILLIAMSBURG COLONY SWIM TEAM REGISTRATION FORM

Subdivision _____	High School _____	
Personal & Parent Information		
Swimmers Name: _____	Birth date: _____	Age as of May 1 st _____
Address: _____	City/Zip: _____	Phone: _____
Father's Name: _____	Work # _____	Cell # _____
Mother's Name: _____	Work # _____	Cell # _____
Email Address : _____		
Swimmers' T-Shirt will be provided by WCST.		
Circle Size: YS YM YL AS AM AL AXL AXXL		

Refund and Return Check Policy

There will be no refunds. There will be a \$45.00 charge for all returned checks. **NO EXCEPTIONS!**
Your signature hereby acknowledges your agreement with the above statements:

Signature

Waiver & Medical Treatment Authorization

I/We, the parents/guardians of the above named candidate for a position on the *Williamsburg Colony Swim Team*, hereby give my/our approval to participate in any and all League activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the League, the organizers, sponsors, supervisors, participants, and person transporting my/our child to and from activities, for any claim arising out of injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. **I/We understand that the insurance provided by the WHALe League is strictly a secondary Medical Policy.**

I/We do hereby authorize any person in a responsible position within the WCST team, in the event of an emergency, to authorize emergency medical treatment for my child named herein. I/We agree to hold harmless such person(s) and such emergency care centers (hospitals, doctors, nurses providing such medical/emergency care) for such act and to assume financial responsibility for said treatment.

List any allergies or restrictions: _____

Health Insurance Company and Policy # _____

Emergency Contacts:

Name _____ Phone # _____ Relationship _____

Name _____ Phone# _____ Relationship _____

Team Use Only	Registration Date: _____
Number of Children swimming: _____	
Sponsorship Name	Amount
Discount off of Total Registration cost \$	Total Registration Paid
Payment: Cash or Check # _____	

2011 West Houston Aquatic League, Inc. Parental Release & Consent

Swimmers' Names:

Child 1. _____

Child 2. _____

Gender:

Ages as of May 1, 2011 :

Child 1. _____

Child 2. _____

Date of Birth:

Team Name: _____

Team Last Year: _____

RELEASE OF LIABILITY FOR PARTICIPANTS

PLEASE READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child(ren)/ward(s)

Name of Participant(s)/Minor Child(ren)/Ward(s)

being allowed to participate in any way in the West Houston Aquatic League, Inc. (WHALE) related events, and activities, the undersigned acknowledges, appreciates, understands, consents, and agrees that:

1. The risk of injury to my child(ren)/ward(s) from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk for serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD(REN)/WARD(S), KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF WHALE, or others, and assume full responsibility for my child(ren)/ward(s) participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child(ren)/ward(s) readiness for participation and/or in the program itself, I will remove my child(ren)/ward(s) from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child(ren)/ward(s), and on behalf of my/our heirs, assignees, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS WHALE; Its' directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessor premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child(ren)/ward(s) involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and
5. I, for myself, my spouse, my child(ren)/ward(s), and on behalf of my/our heirs, assignees, personal representatives and next of kin HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident to my child(ren)/ward(s) involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ALL TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING, AND SIGN THIS RELEASE & CONSENT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Parent/Guardian Signature

Printed Name

Date Signed: _____

Participant Signature if Participant is Age 18 or Older

Printed Name

Date Signed: _____

Sectional Time Notification

Please note this form is **ONLY** for the parents of swimmers registered as 2010-2011 USA swimmers that have participated in the 2010-2011 short and/or long course swim seasons, and for 2010-2011 high school swimmers that have participated in high school meets in 2010-2011; and for swimmers as described above that are eighteen years old at the time of participating in any 2011 WHALE Swim Meet.

Swimmer Name: _____

Team: _____

In accordance with the Policies & Procedures of WHALE, if any swimmer has achieved a Sectional Time as a either a USA Swimmer or a High School team swimmer in any stroke or event they are **prohibited** from swimming that stroke in any WHALE swim meet. If a swimmer has Sectional Times in three (3) strokes but not the Individual Medley the swimmer **may** swim in the Individual Medley at a WHALE Swim Meet.

For example: Sectional time achieved in freestyle event of any distance that swimmer is prohibited from swimming in the following events; freestyle, freestyle relay and freestyle leg of the medley relay.

****NOTE** Sectional Times do not expire, once a swimmer has achieved a Sectional Time they are prohibited from swimming that stroke in any future WHALE Swim Meet.**

The penalties for failing to disclose any Sectional time that your swimmer has achieved in 2010-2011 are: \$200.00 fine and forfeit of the WHALE swim meet with increasing fines for multiple infractions of the Sectional Notification requirement. The 2011 Sectional time standards are posted as of 10/1/2010 at: www.gulfswimming.org

Please check below any stroke(s) (any distance) your swimmer has achieved a 2010 or 2011 Sectional time (Texas Sectional time standard).

Freestyle	_____	Butterfly	_____
Back Stroke	_____	Individual Medley	_____
Breast Stroke	_____		

No Sectional Time _____

I hereby agree that the above information is correct to the best of my knowledge, and I understand the WHALE Policies & Procedures regarding swimmers that have achieved a Sectional time.

Parent/Guardian Signature _____ Date: _____

Swimmer (Age 18) Signature: _____ Date: _____

TAGS Time Notification
(Texas Age Group Swimming Time Standards)

Please note this form is **ONLY** for the parents of swimmers that are registered USA swimmers for the 2010-2011 short and/or long course swim seasons, and for USA swimmers that are eighteen years old at the time of participating in any 2011 WHALE Swim Meets.

If your swimmer is currently a registered USA swimmer participating in a USA Swimming program or was previously registered in 2010-2011 please complete this form.

Swimmer Name: _____

Age Group: _____

Swim Team: _____

In accordance with the Policies & Procedures of WHALE, if any swimmer has achieved a TAGS time (Texas Age Group Standard) in any stroke or event of their current age group, they must swim "up" an age group when participating in any WHALE swim meet in that same stroke, or event. For example: TAGS time achieved by a 10 & under swimmer in the freestyle event of any distance (50, 100, 200, 500) will result in that swimmer participating in the 25 yard freestyle in a WHALE swim meet as an 11-12 year old.

The penalties for failing to disclose any TAGS time that your swimmer has achieved in the 2010-2011 short course and long course swim seasons are: \$200.00 fine and forfeit of the WHALE swim meet with increasing fines for multiple infractions of the TAGS Notification requirement. The 2011 TAGS time standards are posted as of 10/25/2010 at: www.gulfswimming.org

Please check below any stroke(s)(any distance) your swimmer has achieved a 2010 or 2011 TAGS time (Texas Age Group Swimming time standard) achieved in a USA Swim Meet for the 2010-2011 Short Course or Long Course Seasons.

Freestyle	_____	Butterfly	_____
Back Stroke	_____	Individual Medley	_____
Breast Stroke	_____		

No TAGS times _____

I hereby agree that the above information is correct to the best of my knowledge, and I understand the WHALE Policies & Procedures regarding swimmers that have achieved TAGS times.

Parent/Guardian Signature _____ Date: _____

Swimmer (Age18) Signature: _____ Date: _____