

# 2011 Balcones Woods Blue Wave Swim Team Family Registration

Please read both sides of the Registration Form and fill in all information for your entire family. Bring this form with full payment to registration at the Balcones Woods Clubhouse on Sunday, March 27 between 2:00pm and 4:00pm. Or mail to: 4001 Cordova Drive 78759. If you have any questions, please contact Grant Hennig at [bwpres@gmail.com](mailto:bwpres@gmail.com) or 346-6465.

<b>Swimmer #1</b>	Name: _____
Date of Birth (month/day/year)	____/____/____ Age on May 1, 2011: _____
Suit Size (best guess)	_____ Girl 's Boy's Jammer (PLEASE CIRCLE ONE)
T-shirt Size	Child <b>S</b> / Child <b>M</b> / Child <b>L</b> / Adult <b>S</b> / Adult <b>M</b> / Adult <b>L</b> / Adult <b>XL</b> / Adult <b>XXL</b>

<b>Swimmer #2</b>	Name: _____
Date of Birth (month/day/year)	____/____/____ Age on May 1, 2011: _____
Suit Size (best guess)	_____ Girl 's Boy's Jammer (PLEASE CIRCLE ONE)
T-shirt Size	Child <b>S</b> / Child <b>M</b> / Child <b>L</b> / Adult <b>S</b> / Adult <b>M</b> / Adult <b>L</b> / Adult <b>XL</b> / Adult <b>XXL</b>

<b>Swimmer #3</b>	Name: _____
Date of Birth (month/day/year)	____/____/____ Age on May 1, 2011: _____
Suit Size (best guess)	_____ Girl 's Boy's Jammer (PLEASE CIRCLE ONE)
T-shirt Size	Child <b>S</b> / Child <b>M</b> / Child <b>L</b> / Adult <b>S</b> / Adult <b>M</b> / Adult <b>L</b> / Adult <b>XL</b> / Adult <b>XXL</b>

**Family Info:**                      **PARENT/GUARDIAN**                      **PARENT/GUARDIAN**

Name:	_____	
Work #:	_____	
Cell / Pgr:	_____	
E-Mail:	_____	
Swimmer's Address:	_____	
Swimmer's Home Phone:	_____	
Emergency Contact other than parents: (Name/Number)	_____	

**Family T-Shirts (\$15 each)**

T-Shirts: Quantity \_\_\_\_\_ Sizes \_\_\_\_\_  
Tanks Quantity \_\_\_\_\_ Sizes: \_\_\_\_\_

**PAYMENT:** First Swimmer @ \$125 \$ \_\_\_\_\_  
Additional Swimmers @ \$100 each \$ \_\_\_\_\_  
Additional Tanks/T-Shirts \$ \_\_\_\_\_  
TOTAL AMOUNT DUE \$ \_\_\_\_\_

**PAID**  
CASH  CHECK

A \$40 returned check fee will be charged if applicable.

Transportation to and from practices and meets is each swimmer's responsibility. Official supervision is provided only during the swimmer's own practice time and at meets. Parents are responsible for their children at Blue Wave extracurricular activities. Please register only those children who have swimming abilities (i.e. can swim the American Crawl, no fear of water or separation difficulties). The first two weeks of practice is probationary for beginning swimmers. Coaches will have final determination of a swimmer's readiness. A Swimmer MUST compete in 2 Dual Meets to be eligible to participate in the Championship Meet. Children who are unable to continue after the first two weeks will be offered a refund for registration. (Suits can be returned for refund ONLY if they have not been worn).

\*\*\*\*\***There are NO REFUNDS whatsoever for any reason after the first two weeks.**\*\*\*\*\*

The Blue Wave swim team is a **volunteer run organization**. The success of the team is due in large part to the participation and support of our wonderful parents. Please circle the area where you would like to volunteer. If you are unable to support the team with your time, you are responsible for providing a substitute (ex. grandparent, friend, hired individual aged 16 or more). No registration form will be accepted without a volunteer commitment.

**Parent (or other):**

Place Ribbons    Boutique    Scoring    Concessions    Stroke Judge    Runner    Computers

Ready Bench    Hospitality    Set-Up    Heat Ribbons    Event Turner    Social

Take Down    Timer    Age Group Parent for \_\_\_\_\_ girl / boy (circle one)

**Parent (or other):**

Place Ribbons    Boutique    Scoring    Concessions    Stroke Judge    Runner    Computers

Ready Bench    Hospitality    Set-Up    Heat Ribbons    Event Turner    Social

Take Down    Timer    Age Group Parent for \_\_\_\_\_ girl / boy (circle one)

**NEWSLETTER**

Our weekly "Catch the Wave" newsletter is an important communication tool. If you do not have access to email or internet, please indicate here and a hard copy of the newsletters will be placed in your family file available during practices. Otherwise all newsletters will be sent electronically. I need a hard copy of newsletters. \_\_\_\_\_

**WEB SITE**

The Balcones Woods web site has a section devoted to the Blue Wave Swim Team. Information is posted pertinent to the team including newsletters, heat sheets, meet results and photographs of the swimmers. I understand and agree that my child's name and/or photograph will be posted on this website.

**AGREEMENT, WAIVER AND RELEASE**

It is understood and agreed that the minor(s) named on the reverse side are or will be participating on the Balcones Woods Swim Team, a member of the Austin Aquatic League Association (AAL). It is fully understood that these activities contain certain inherent risks. The undersigned fully appreciates these risks and has had an opportunity to fully inspect the swimming pool and premises located at the Balcones Woods Commons area as well as the swimming pools and premises where other AAL Assoc. meets and practices will be held. The undersigned Parent or Guardian may also, at his or her discretion, attend and observe any practices (from outside of the pool area), or meets in which his or her child(ren) are participating.

Each member of the Balcones Woods Swim Team must strictly comply with the following: (1) all eligibility requirements of the AAL (including residency requirements); (2) official instruction during each meet; (3) instructions and practice requirements of the Balcones Woods Swim Team; and (4) all the rules of conduct and safety. The undersigned fully understands the AAL and the Balcones Woods Homeowner's Association, and the officials and staff of the Balcones Woods Swim Team and the Balcones Woods Pool are not responsible for an injury which results, either fully or in part, from failure of any member of an AAL circuit team to fully comply with all such requirements, instructions and/or rules.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_ 2011.

Parent or Guardian \_\_\_\_\_

( ) I HEREBY GIVE PERMISSION TO PROVIDE MY CHILD'S NAME AND ADDRESS TO THE UNIVERSITY OF TEXAS' JAMAIL TEXAS SWIMMING CENTER FOR USE IN DIRECT MAIL PROMOTIONS BY UT ONLY. (check if applicable)