



TEAM REGISTRATION

Please complete one Form for each FAMILY. Include all requested information for each participating child.
**** All fields must be completed ****

Athlete Information: (please print)

New Family Returning Family

(1) Last: _____ First: _____ Middle: _____
 Preferred Name: _____ Birth Date: _____ Age: _____ Gender: M F

(2) Last: _____ First: _____ Middle: _____
 Preferred Name: _____ Birth Date: _____ Age: _____ Gender: M F

(3) Last: _____ First: _____ Middle: _____
 Preferred Name: _____ Birth Date: _____ Age: _____ Gender: M F

Contact Information (please print):

Father's Last Name: _____ First Name: _____
 Mother's Last Name: _____ First Name: _____
 Mailing Address: _____ Zip: _____
 Street Address: _____ Zip: _____
 Home Phone # _____ Preferred Email Address: _____
 Father's Office Phone: _____ Mother's Office Phone: _____
 Father's Cell Phone: _____ Mother's Cell Phone: _____

1. Please sign "Medical Treatment Consent" statements below.
2. Please complete each swimmer's annual "USA/FGC Registration Form".

PARENT/GUARDIAN MEDICAL TREATMENT CONSENT:

To: Whatever Medical Authority or Responsible Party It May Concern

In the event that you are unable, after reasonable effort, to obtain parental consent, then please perform any and all medical treatment requested or needed by my child or ward named above. Such treatment should result from the exercise of your best professional judgment under the circumstances.

I hereby consent in advance to such treatment and agree to hold Homestead Wahoo's Swim Club, Inc./Southern Wahoes Aquatic Team, its Board of Directors, members, volunteers, officers and/or their staff harmless for any action or claim based upon lack of parental consent that may arise in connection with such treatment. I also authorize such staff to select a medical doctor and/or hospital for the purpose of diagnosis and/or treatment of the above-named minor.



HWSC/SWAT-Southern Wahoos Aquatic Team Registration-con't

I have listed below all known precautions (such as diabetes, asthma, heart condition, allergies, etc) as well as any other relevant medical information for my child(ren) or ward(s).

(1) Last Name _____ First Name _____

Precautions: _____

Chronic Illnesses: _____

(2) Last Name _____ First Name _____

Precautions: _____

Chronic Illnesses: _____

(3) Last Name _____ First Name _____

Precautions: _____

Chronic Illnesses: _____

Parent's Signature: _____ **Date:** _____



Southern Wahoes Aquatic Team

815 N. Homestead Boulevard, #301

Homestead, FL 33030

Email: southernwahoes@gmail.com

**PARENT/GUARDIAN RELEASE OF LIABILITY
Agreement 1**

I certify that I am the parent or legal guardian for my child(ren) or wards). I hereby give my permission for any supervisor, coach or other team administrator associated with the Homestead Wahoo's Swim Club, Inc./Southern Wahoes Aquatic Team to seek and give appropriate medical attention for our child(ren) or ward(s) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge Homestead Wahoo's Swim Club, Inc./Southern Wahoes Aquatic Team and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in Homestead Wahoo's Swim Club, Inc. activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my child(ren) or ward(s) is (are) physically fit and capable of participation in all Swim Team activities.

PLEASE PRINT NAME(S) OF CHILD(REN) OR WARD(S):

Full Name: _____ DOB ____/____/____

Full Name: _____ DOB ____/____/____

Full Name: _____ DOB ____/____/____

Full Name: _____ DOB ____/____/____

Signature of Parent/Guardian: _____

Print name of Parent/Guardian _____

Date: _____



Southern Wahoos Aquatic Team

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PARENT/GUARDIAN WAIVER AND RELEASE Agreement 2

By registering my child(ren) or ward(s) with the Homestead Wahoo’s Swim Club, Inc./Southern Wahoos Aquatic Team, I agree to participate (or allow my child(ren) or ward(s) and family members to participate) in the Homestead Wahoo’s Swim Club, Inc./Southern Wahoos Aquatic Team, and hereby release Homestead Wahoo’s Swim Club, Inc./Southern Wahoos Aquatic Team, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) or ward(s) and family members) while participating in the Homestead Wahoo’s Swim Club, Inc./Southern Wahoos Aquatic Team’s program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) or ward(s) and/or other family members, or damage to my property, the property to my child(ren) or ward(s)and/or other family members, or both, while I (or my child(ren) or ward(s) family members) participating in the Homestead Wahoo’s Swim Club, Inc./Southern Wahoos Aquatic Team program..

PLEASE PRINT NAME(S) OF CHILD(REN) OR WARD(S):

Full Name: _____ DOB ____/____/____

Full Name: _____ DOB ____/____/____

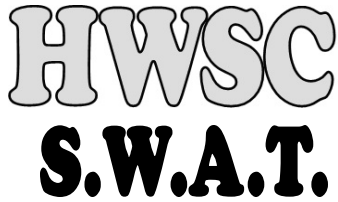
Full Name: _____ DOB ____/____/____

Full Name: _____ DOB ____/____/____

Signature of Parent/Guardian: _____

Print name of Parent/Guardian _____

Date: _____



Southern Wahoos Aquatic Team

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Email: southernwahoos@gmail.com

New Family Returning Family

PARENTS CODE OF ETHICS

As a parent of a Homestead Wahoo’s Swim Club (**HWSC**) /Southern Wahoos Aquatic Team (**SWAT**) member, I will abide by the following Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all swimmers, coaches and officials at every meet, practice or other **HWSC/SWAT** event.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will remember that the sport is for youth - not adults.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will do my very best to make swimming fun for my child.
- I will not interfere with the coach's job during practice or at meets and I will follow the proper channels of communication when the need to have a meeting arises.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan.
- I will ask my child to treat other swimmers, coaches, fans, volunteers and officials politely and with respect, regardless of race, sex, creed or ability. And I will do the same. I understand that taunting, harassing, bullying and any other impolite behavior will result in disciplinary measures.
- I will ask my child to follow the rules set by the coaches and chaperones at practice, at meets and on any travel activity organized by the club. I will provide transportation home from any trip where my child's behavior is in violation of those rules.
- I understand that if my child is in violation of the Swimmer's Code of Conduct and/or any other **HWSC/SWAT** policy, and is referred to the Board of Directors, the decision(s) of the Board is (are) final.
- I will insist that my child swim in a safe and healthy environment.
- I will demand a swim environment for my child that is free from drugs, tobacco and alcohol.
- I will volunteer as often as I can to set a good example and to enrich my child's swimming experience.

Print Parent/Guardian name

Parent/Guardian Signature

Date signed _____



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New Family Returning Family

PARENT/GUARDIAN PHOTO RELEASE

- I give my permission to have swim team photos, name(s), and swim times of my child(ren) to appear on any correspondence for the Homestead Wahoo’s Swim Club/Southern Wahoos Aquatic Team. This includes, but is not limited to, newspapers, website, and flyers.
- I DO NOT give my permission to have swim team photos, name(s), and swim times of my child(ren) to appear on any correspondence for the Homestead Wahoo’s Swim Club/Southern Wahoos Aquatic Team. This includes, but is not limited to, newspapers, website, and flyers.

PLEASE PRINT:

Full Name: _____ DOB ____/____/____

Full Name: _____ DOB ____/____/____

Full Name: _____ DOB ____/____/____

Full Name: _____ DOB ____/____/____

Signature of Parent/Guardian: _____

Print name of Parent/Guardian _____

Date: _____



Homestead Wahoos Swim Club

Southern Wahoos Aquatic Team

VOLUNTEER APPLICATION

New Family

Returning Family

One of the cornerstones of any swim club's success is the dedicated support of parent volunteers. In a day and time when people are busier than ever, our club looks forward to benefiting from the time, talents, and energy of parents that are just as committed to the program as their swimmers. Volunteers are an integral part of every aspect of the HWSC/SWAT program. It's a great opportunity to share your swimmer's experience, have fun, meet new friends and make a valuable contribution. **PLEASE RETURN THIS FORM TO THE Volunteer Coordinator.**

Outlined below are the varieties of ways that parents/swimmers can choose to be involved. Please complete the requested information and indicate your areas of interest and where you would like to help.

Swimmer _____

Swimmer _____

Swimmer _____

Swimmer _____

Family E-Mail Address (for updates) _____

Father's Name _____

Occupation _____

Company _____

Day Phone _____

Night Phone _____

Cell Phone _____

(Please list 10-digits for all phone numbers).

Mother's Name _____

Occupation _____

Company _____

Day Phone _____

Night Phone _____

Cell Phone _____

(Please list 10-digits for all phone numbers).

COMMITTEE ASSIGNMENTS

- Membership
- Board Nominations
- Volunteers
- Apparel & Merchandise

COMMUNICATIONS & FUNDRAISING

- Community Resources
- Recruiting Sponsors/Ads
- Spring Awards Ceremony
- Team/Pool Parent

SPECIAL SKILLS

- Photography
- Printing
- Website
- Awards

SUGGESTIONS...Please use the space below to describe any other ways that you would like to make a volunteer contribution to the HWSC program. If you have any suggestions for ways we can better coordinate and organize volunteers, we would very much appreciate your input. Thank you.

Homestead Wahoo's Swim Club, Inc.
Letter of Engagement

To whom it may concern,

I _____ (Parent or Legal Guardian of minor child)

Wish to be part of the HOMESTEAD WAHOO'S SWIM CLUB, INC.

At no time, has anyone on the Board of Directors, parents, coaches, coaches assistants, independent consultants or any other organizer representing the Homestead Wahoo's Swim Club, Inc., approached me or my family to be part of their club. My family and child/children are willing participants.

Respectfully,

_____ **DATE** _____

Parent(s) or Legal Guardian Signature

_____ **DATE** _____

Notary Public Signature

Notary Seal:

NOTE: List all children on this form that are transferring from the same club to HWSC/SWAT.