

THE WOODLANDS MARLINS SUMMER SWIM TEAM - 2008
SWIMMER'S REGISTRATION FOR FAMILIES WHO ARE NOT WAC, WAC-ASSOCIATE OR WCC MEMBERS IN GOOD STANDING

***** Please write CLEARLY so we are not guessing about information entered on your registration form *****

Swimmer Information								
	Last Name	First Name	Birth Date	Age as of 05/31/08	Gender M or F	T-Shirt Size Y or A S/M/L/XL	Fees	Total Fee
First Swimmer:							\$ 115	
Second Swimmer:							\$ 110	
Third Swimmer:							\$ 100	
Fourth Swimmer:							\$ 80	
Fifth Swimmer:							\$ 50	
							<i>Program Fee of \$37.89 - Paid Directly To The WAC (see additional WAC form):</i>	
							Hospitality Fee:	\$ 10.00

Older swimmers (15+) will have an opportunity to receive a scholarship equal to 50% of their registration fee by serving as a mentor for younger swimmers. Our head coach will make the final selection of the mentors. Details for the mentor program will be provided prior to the first practice.

Total Fee:	
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Parent Information				
	Last Name	First Name	Phone	Email
First Parent:				
Second Parent:				
Street Address:				
City:				
State:				
Zip Code:				
Subdivision:				

By default we will include the swimmer's and parent's names, phone number and email address in the team roster. The roster will be available to all team members. If you do not want the names or phone numbers or email addresses listed, please indicate your preference by initialing in the appropriate box.

Exclude Name:

Exclude Phone Number:

Exclude Email Address:

Date Registration Received By The Marlins:

1. Preferred method of registration and payment is online via the registration link at: www.thewoodlandsmarlins.org.
2. If you wish to register manually, payment shall be by check only. Make your check payable to The Woodlands Marlins.
3. Payment must accompany the registration form. You are not registered until payment is received.
4. **A completed WAC Associate Member Application Form and check for \$37.89 made payable to "The Woodlands Athletic Club" MUST BE SUBMITTED TO THE FRONT DESK OF THE WAC. You are not permitted to participate until this form and payment is received.**

Please mail your completed **Swimmer Registration Form and Payment** to the address to the right or place your form and payment in the Marlins Lock Box near the front desk of the WAC.

The Woodlands Marlins
 PO Box 7014
 The Woodlands, Texas 77387-7014

***** Please write CLEARLY so we are not guessing about information entered on your registration form *****

Medical Emergency Information and Waiver

	First Swimmer	Second Swimmer	Third Swimmer	Fourth Swimmer	Fifth Swimmer
Name					
Last					
First					
Medical Information					
Pre-Existing Conditions					
Routine Medications					
Doctor					
Name					
Phone					
Emergency Contact					
Name					
Phone					

Medical Authorization

I certify that, to the best of my knowledge and belief, my child(ren) is/are in good physical condition and has/have no condition which would impair his/her/their participation in the program. In the case of injury to or illness of my child in my absence, I hereby authorize any representative of the Woodlands Marlins Summer Swim Team or of The Woodlands Athletic Club to have my child treated, including the provision of first-aid and/or medical treatment from any medical personnel in consultation with a licensed physician, dentist, hospital, clinic or emergency care provider. I authorize transportation of my child by ambulance in an emergency situation. Further, I agree to pay all costs associated with such medical care and emergency transportation.

Hold Harmless Waiver

IN CONSIDERATION OF MY CHILD'S RIGHT TO PARTICIPATE IN THE WOODLANDS MARLINS SUMMER SWIM TEAM, ON BEHALF OF OURSELVES AND OUR CHILD(REN), WE HEREBY RELEASE, WAIVE, AND AGREE TO HOLD HARMLESS THE WOODLANDS MARLINS SUMMER SWIM TEAM AND THE WOODLANDS ATHLETIC CLUB, AND THEIR RESPECTIVE COACHES, MEMBERS, DIRECTORS, EMPLOYEES, ORGANIZERS, AND PARENT VOLUNTEERS, FOR ANY AND ALL LIABILITY CLAIMS, LEGAL ACTIONS, AND DEMANDS OF ANY NATURE WHATSOEVER WHICH MAY ARISE FROM OR IN CONNECTION WITH THE SWIM TEAM OR RELATED ACTIVITIES.

By my signature below I hereby attest that I have read, understand and agree to the foregoing Medical Authorization and Hold Harmless provisions.

Signed by Parent: _____

Date: _____



**The Woodlands Athletic Club
Membership Application**

11111 Winterberry Place • P.O. Box 7305 • The Woodlands, TX 77387



*Woodlands Marlins
Summer Swim Team*



Office Use Only

Associate Member # _____
 Amount Paid: \$37.89
 Start Date: _____
 End Date: _____

Social Security Number: _____

Member Name: Last: _____ First: _____

Sex: M F Birthdate (MM/DD/YYYY): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____ Work: _____ Emergency: _____

Email Address 1: _____ Email Address 2: _____

Spouse's Name: Last: _____ First: _____

Sex: M F Birthdate (MM/DD/YYYY): _____

Children (<i>must be dependents - college age or younger</i>)	Sex	Birthdate (MM/DD/YYYY)
	M <input type="checkbox"/> F <input type="checkbox"/>	
	M <input type="checkbox"/> F <input type="checkbox"/>	
	M <input type="checkbox"/> F <input type="checkbox"/>	
	M <input type="checkbox"/> F <input type="checkbox"/>	

Memberships are non-refundable or transferable. Associate Memberships are valid for a twelve (12) month period and must be renewed if participating in a program on the membership expiration date. ID cards must be returned to The Woodlands Athletic Club upon termination of membership.

_____ Accepted this _____ day of _____ 200 _____
 Applicant's Signature

1. Cut On Dotted Line Above.
2. Write Check For \$37.89 - Made Payable To "The Woodlands Athletic Club"
3. Turn In This Form Along With Your Check To The Front Desk At The WAC or mail to:

**The Woodlands Athletic Center
 11111 Winterberry Place
 The Woodlands, Texas 77380**