



USA SWIMMING
Athlete Registration Application
LSC: Niagara Swimming Inc.

REG DATE: OFFICE USE ONLY: ____/____/_____
 SWIM CLUB : UNAC (UNION AQUATIC CLUB)
 ClubRegForm_revA2007

SWIM YEAR: 20__ - 20__

SWIMMER INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

PREFERRED NAME _____

DATE OF BIRTH (month/day/year) _____ SEX: MALE FEMALE

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER (Home) _____

US CITIZEN: YES NO **Circle swimmer T-shirt size:** Youth - YM YL Adult - S M L XL 2XL 3XL

ETHNICITY: (Optional) In accordance with the US Census Bureau guidelines, you may make up to two (2) choices.

(Q) African American (R) Asian/Pacific Islander (S) Caucasian (T) Hispanic

(U) Native American (V) Other _____

DISABILITY:

(A) Legally Blind / Visually Impaired (B) Deaf / Hard of Hearing

(C) Physical Disability (specify) _____
 (amputation, cerebral palsy, spinal injury, etc.)

(D) Cognitive Disability (specify) _____
 (severe learning disorder, autism, etc.)

YEAR LAST REGISTERED: _____ If you registered with a different USA Swimming club prior to this registration, what was that clubs code _____ LSC _____. What was the date of your last competition with that club? _____

NOTE: USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Membership Services Department at 719-866-4578 if you do not wish to receive these mailings.

PERMISSION AND CONSENT

I, _____, the parent or guardian of the enrolled participant agree to allow my child(ren) and family members to participate in the Union Aquatic Club (hereafter called UNAC) and hereby release UNAC, the coaches and staff of UNAC and the facilities used by UNAC and their staff, their agents and employees from any injury that may occur to myself, my child(ren), or family members while participating with UNAC including travel to and from training sessions or scheduled activities. I agree to indemnify and hold harmless the above mentioned, their agents and employees against any and all liability for personal injury, including injuries resulting in death, or damage to property, or both while I, my child(ren), or family members are participating in the program. I agree to reimburse the above parties for any damages they are compelled to pay arising from such claims, demand, action or cause of action by myself, my child(ren) or family members.

Signature _____ Date _____

UNION AQUATIC CLUB REGISTRATION AND MEDICAL RELEASE FORM (Continued)

SWIMMERS NAME _____

PARENT INFORMATION

PARENT FIRST NAME _____ LAST _____

PARENT FIRST NAME _____ LAST _____

E-MAIL ADDRESS (To receive club news and information.) _____

Phone Home: _____ Cell: _____ Work: _____

EMERGENCY CONTACT

NAME: _____ PHONE _____ RELATIONSHIP _____

MEDICAL INFORMATION

DOCTOR _____ PHONE: _____

ADDRESS _____ MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____ EMPLOYER POLICY IS THROUGH _____

MEDICAL HISTORY

DATE OF LAST TETANUS SHOT _____

LIST ALLERGIES TO MEDICATIONS/ INSECTS/FOODS: _____

DISEASE AND CONDITION

Please indicate any disease or medical condition that your child has been diagnosed with.

- Epileptic seizure/Epilepsy Diabetes Anemia Sickle Cell Anemia High Blood Pressure Heart Disease, murmur, other
- Lung Disease, Pneumonia Kidney Disease/Infections Liver Disease, Hepatitis, Mononucleosis, other Asthma
- Hernia/Rupture
- Head injury, Concussion, other Neck Injury...bones, nerves, discs Broken bones within last 2 years Shoulder Injury
- Back Injury or pain Knee surgery or injury Severe Ankle Injury Pins, Screws or Plates in Body
- Wears contacts during training/competition Dental Appliances

Details, description or additions to above:

CONSENT FOR MEDICAL TREATMENT, TESTS, PROCEDURES, SURGERY

The policy of Union Aquatic Club (UNAC) on any trip, at practice, or at a meet, will be to attempt to call the parent or guardian, or their designee before taking a swimmer to the doctor or hospital in the event of an injury. However, in the case of emergency or when neither parent, guardian, nor designee can be reached, the following permission form will allow treatment to be secured.

I, _____, being legally empowered to do so as parent and/or guardian of _____, (Swimmer) hereby grant to the coach of UNAC the right and power in my behalf to consent and give permission to any doctor or hospital to make such examinations, give such anesthesia, render such treatment, or perform such surgery on my child, _____, as they deem necessary and advisable.

Consent is hereby granted until withdrawn in writing while _____ (swimmer) is with UNAC and an emergency exists and I, the parent/guardian am unavailable to act on behalf of my child.

Signature of Parent/Guardian _____ Date _____