


COM
AQUATICS
YOUTH REGISTRATION

DATE _____

Participant's Name _____
(last, first, middle)

Age _____ Birthdate _____ School _____ Grade _____

Home Address _____ ZIP _____

Billing Address _____ ZIP _____

Home Phone _____

Father's Name _____

Occupation _____ Employer _____

Work/Cell Phone _____ E-MAIL _____

Mother's Name _____

Occupation _____ Employer _____

Work/Cell Phone _____ E-MAIL _____

1st Emergency Contact _____

Relationship _____ Phone _____

2nd Emergency Contact _____

Relationship _____ Phone _____

Primary Physician _____ Phone _____

Billing Options:

- Email Invoice** (we can email your monthly invoice)
- Paper Invoice** (we will mail you monthly invoice)
- Direct Debit** (ask front office assistant for information)

COM Aquatics, Inc.
3003 North A Street
Midland, TX 79705
(432) 684-7755

FINANCIAL RESPONSIBILITY FORM

In joining City of Midland Aquatics, I acknowledge the following financial responsibilities that apply:

MONTHLY DUES AND COACHING FEES:

A team registration fee of \$35.00 is due upon joining and payable with the first month's dues. This is a one-time fee to join any team higher than the Splash or Divenastics programs. Monthly dues (coaching fees) will be billed before the 1st of the month, payable by the 5th. Late payments are subject to \$5.00 late fee. Dues are monthly and are not pro-rated according to attendance.

If there is a need to discuss payment options on your account, please contact our office and schedule an appointment with Brad Swendig, our Executive Director. The Board of Directors of COM reserves the right to remove swimming and diving privileges for chronic non-payment of dues or other fees. If your child drops from the program, the office must receive written notification in order to discontinue billing.

ANY SWIMMER OR DIVER DROPPING FROM THE TEAM MUST PAY A REINSTATEMENT FEE OF \$35.00 WHEN THEY RETURN.

SWIMMER/DIVER PARTICIPATION FUND:

Each family is obligated to raise a minimum of \$100.00 annually in either the Swim-a-thon or Dive-a-thon, which is normally held in October. Families unable to raise this amount will be billed the monthly dues plus the \$100. Families of swimmers/divers joining after the Swim-a-thon or Dive-a-thon but before June 1st will be billed the dues plus the pro-rated amount of the family obligation (maximum of \$80.00).

UNITED STATES SWIMMING AND DIVING REGISTRATION:

All participants in the Swimming, Diving or Gymnastics Programs must be registered with their appropriate association to be able to participate in scheduled team practices and competition. Swimmers must be registered with USA Swimming. Divers and Gymnasts must be registered with the AAU. Fees may change each year and will be listed on the current year membership application form.

Name (print) _____

Signature _____ Date _____

REPRESENTATION, RELEASE, & AGREEMENT

PHOTO RELEASE: Occasionally COM Aquatics will use a member's image for publication (brochure/newspaper) or other areas of the media.

COM Aquatics, Inc. may use my/my child's image: ___ YES ___ NO

Signature: _____

I, with a full understanding that the programs and exercises of COM Aquatics, Inc. will require moderate physical activity, represent and acknowledge that my child's physical condition permits my child to participate in this program. I further acknowledge that I have been advised that at any time my child is having physical difficulty; they will immediately stop that activity and inform the COM Aquatics, Inc. staff. I have volunteered my child to participate in this program and accept the responsibility.

I hereby release COM Aquatics, Inc. the staff and/or team representatives from any liabilities for anything that may happen accidentally or otherwise to my child, _____ (Print Child's Name). I agree that COM Aquatics, Inc. and the sponsor of any COM Aquatics, Inc. event, along with employees, agents, officers, and directors of these organizations shall not be liable for any injury, losses or damages occurring as a result of my child's participation except where such loss or damage is the result of intentional or reckless conduct of one of the organizations or individuals identified above.

I understand that the possibility of exercise injuries or disorder exists and I acknowledge and accept these risks. I release and discharge, on behalf of myself, my heirs, assigns and successors in interest, all officers, directors, agents, employees, and other representatives of COM Aquatics, Inc. and COM Aquatics, Inc. insurers, from any and all claims, damages, demands and liabilities arising out of, or in any way related to participation in the aquatic exercise programs, activities, and the use of its exercises, procedures or results attained.

AUTHORIZATION FOR MEDICAL TREATMENT

I authorize the necessary steps regarding medical attention (e.g. calling 911, CPR, first aid, or hospital transport) for me/my child and allow authorized medical professionals to administer treatment for any illness or injury that I/my child incur while participating independently or under the instruction, supervision, or control of COM Aquatics, Inc. I understand that I am financially responsible for any and all professional medical attention rendered to me/my child as a result of illness or injury.

I give permission for my child to participate on trips under the authority of COM Aquatics, Inc. As parent/legal guardian I hereby authorize COM Aquatics, Inc. staff and/or team representatives to seek medical and/or surgical treatment for my child as they deem necessary for my/his/her safety.

I fully understand the policies and procedures detailed above and do hereby agree to all terms and conditions regarding my (my child's) membership in COM Aquatics programs.

Applicant/Parent/Guardian Signature:

Date:

COM HEALTH DISCLOSURE

It is a priority of COM Aquatics to promote better health and ensure the safety of our members. Please assist us in our efforts by completing the following:

List all major and/or chronic illnesses disabilities you (your child) have experienced to date.

Please identify and explain any serious injuries you (your child) have sustained.

Have you (your child) undergone major surgery?

Please list any prescription medications you (your child) are currently taking.

I HAVE COMPLETED THIS QUESTIONNAIRE TO THE BEST OF MY KNOWLEDGE.

Applicant/Parent/Guardian Signature _____ **Date** _____

Please indicate the programs you will be attending:

SWIMMING PROGRAM:

Splash M/W Splash T/TH Seahorse
Black Bronze White
Red Silver Gold
Homeschool
CLASS TIMES: _____

DIVING & GYMNASTICS PROGRAMS:

Elite Junior Elite Pre-Team
Divenastics Super Tots Tiny Tots
Parent Tot Brain-n-Body Gym Fit -n-Fun
Trampoline Cheer-nastics Gymnastics Team
Hot Shots Little Hot Shots
SELECT DAYS OF THE WEEK:

Monday Tuesday Wednesday Thursday Friday

CLASS TIMES: _____

ADULT PROGRAMS:

- Adult Conditioning (Lap Swim)
- Water Aerobics
- Aquatic Wellness
- Post Rehabilitation
- Wellness Gym
- Masters Swim Team
- Pilates
- Osteoporosis
- T-N-T
- Other: _____

OFFICE USE ONLY:

PAYMENT: CHECK# _____ CASH _____

BILLING INSTRUCTIONS _____