

Heart Of Texas



**P.O. Box 224
Fredericksburg,
TX 78624**

Swim Team

“Empowering champions in life!”

2008 - 2009 Registration

Mother's Name (First and Last) _____

Father's Name (First and Last) _____

Mother's Cell _____ Home Phone _____ Father's Cell _____

Mailing Address (Please include city and Zip code) _____

Email Address (Will be used for official team business only) _____

	Swimmer # 1	Swimmer # 2	Swimmer # 3	Swimmer # 4
Swimmer's Name (First, Middle Last)				
Date of Birth (mm/dd/yy)				
Gender (Male or Female)				
T-shirt size				
Youth S,M,L : Adult S.M.L,XL				
USA Swimming Registration				
2008 Annual Fee	\$65	\$65	\$65	\$65
Monthly Team fee	\$40	\$30	\$20	\$10
Swimmer Total				

Notes:

1 First time swimmers must provide a copy of their Birth Certificate for USAS registration. Add \$10 for one time administrative fee.

2 Multiple swimmer discount applies as follows: 2nd swimmer deducts \$10 from monthly fee, 3rd swimmer deducts \$20 & 4th swimmer deducts \$30 from total.

HOT Swimming reserves the right to refuse service for untimely payments, non-payment, failure of swimmer or parent to observe the rules of conduct of the team, or engagement in conduct materially and seriously prejudicial to the interests and purpose of the team. I hereby acknowledge and accept financial obligations and requirements of membership as stated above. I am agreeing to pay USAS Registration fee, Wellness Center monthly fees, HOT swim Team monthly fees and meet fees on time. I also agree to allow the team to include pictures of my swimmer(s) on the team's website and in team literature. This commitment includes the requirement to pay for the entire month, regardless of the extent of my swimmer's participation.

Parent's Signature _____

Date _____

Please fill out and attach the standard Medical Release Form for each swimmer individually.

Make all checks payable to HOT Swimming

Medical Release Form

Name of Swimmer: _____

I certify that, to the best of my knowledge and belief, _____ is in good physical condition and has no condition which would impair participation in this swimming program. In case of injury, I hereby give HOT Swimming and it's coaching staff permission to act on my behalf in seeking medical treatment from any licensed physician, hospital, or clinic for my child in the event that such treatment is deemed necessary. I give permission to those administering medical/dental treatment to do so using medically accepted methods deemed necessary. I absolve HOT Swimming, USA Swimming and South Texas Swimming and their respective coaches, officers, directors, representatives and/or employees from all liability while acting on my behalf in this regard.

Name: _____ Doctor's Name: _____

Additional comments regarding medical history, allergies, asthma, etc. Which may be needed in rendering medical treatment:

Please complete one form for each swimmer.