

USA form here

New Swimmer Information Form

Family E-mail address _____

_____ E-mail address _____

Please use e-mail that is checked on a regular basis. The e-mail and website are our main forms of communication and is used to send out notices and important information about SAC events.

Father's Name _____ Mother's Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Is there a secondary Parent that needs copied on all correspondence? *No*___ *Yes*___

(name, address, phone number)

Secondary Parent e-mail address: _____

Please read the following terms and initial:

Initials

- I understand the fee structure and policy regarding monthly and annual fees _____
- I understand my monthly payment must be made by the due date unless I've notified the Treasurer in advance. _____
- I understand the policies regarding volunteering. _____
- I give my permission for the individual(s) named above to participate in Salina Aquatics Club meets and activities unless I notify the team in advance. _____
- I certify that the above answers are correct and that the individual(s) named above are eligible in accordance with the rules of MVS/USA Swimming. _____

Medical Form: Signed by parent/guardian and notarized. _____

Signature of Parent/Guardian: _____ **Date:** _____