



Welcome to the Aggie Swim Club!! Attached are team registration forms. It is important that you fill out all of the forms during your swimmer's first week of practice. Once these forms are completed and returned we will complete and send in the United States Swimming (USA) registration form for you. **ALL SWIMMERS MUST BE USA REGISTERED IN ORDER TO PARTICIPATE WITH THE AGGIE SWIM CLUB**, even if not competing.

Costs associated with the club:

- Annual USA registration fee of \$68.00 per swimmer (Can be reduced to \$5/swimmer with proof of school lunch qualification.)
- \$60.00 annual family administration fee (Can be reduced to \$30 with proof of school lunch qualification. \$100 fee for families at AeroFit.)
- Monthly dues (As below.)

Please include one check for the USA registration fee when you turn in the attached forms. (All checks should be made payable to "Aggie Swim Club"). Payment for the family administration fee and first month's dues will be billed via e-mail during your first month of membership.

Monthly swimming dues are as follows:

- \$50.00/month** for Novice twice/week or **\$60.00/month** for Novice four times/week
- \$60.00/month** for Age Group Development
- \$65.00/month** for High School Auxiliary
- \$65.00/month** for Junior Age Group
- \$70.00/month** for Age Group
- \$75.00/month** for Junior
- \$80.00/month** for Senior

**\*\* DUES CAN BE REDUCED TO \$35.00 PER MONTH WITH PROOF OF FREE/REDUCED SCHOOL LUNCH QUALIFICATION \*\***

If your swimmer joins after the 15<sup>th</sup> of the month, dues will be pro-rated to one half of the monthly fee. Families with multiple swimmers will be given a discount off of these monthly dues of 20% for the second swimmer, 30% for the third swimmer, etc. There are no discounts on USA Registrations or Family Registrations and other than the first month of joining there are no pro-rations for swimming a portion of a month.

**Practices are held at the TEXAS A&M RECREATION CENTER YEAR ROUND:**

Junior Age Group: Mon–Fri 5:30–6:30pm or 6:30-7:30pm

Age Group: Mon–Fri 6:00–7:30pm and Sat 11:00am-12:30pm (or as scheduled on Saturday)

Junior: Mon/Thurs/Fri 5:30-7:30pm and Sat 11:00am-1:00pm (or as scheduled on Saturday)

Senior: Mon–Fri 5:30-7:30pm and Sat 11:00am-1:00pm (or as scheduled on Saturday)

**Summer practices for the Senior swimmers wishing to do doubles are held from 6:00am-7:30am at the TAMU Rec Center.**

**Practices are held at the BRYAN AQUATIC CENTER August-October**

Novice: Mon/Wed or Tues/Thurs from 5:30-6:15pm (move to CSMS in November)

Age Group Development: Mon–Thurs 6:30-7:30pm (move to CSMS in November)

Junior: Tue/Wed 5:30–7:30pm (move to TAMU Rec in November)

**Practices are held at the COLLEGE STATION MIDDLE SCHOOL NATATORIUM August-March**

(move to TAMU Rec in April):

Novice: Mon/Wed or Tues/Thurs 4:30-5:15pm, 5:30-6:15pm, 6:30-7:15pm

Age Group Development: Mon-Thurs 4:30-5:30pm, 5:30-6:30pm or 6:30-7:30pm

Age Group: Mon–Thurs 4:30–6:00pm, Fri at TAMU Rec 6:00-7:30pm & Sat at TAMU 11:00am-12:30pm (or as scheduled on Sat)

**Practices are held at the HUNTSVILLE AQUATIC CENTER August-March**

HS Auxiliary: Mon, Tues, Thurs, Fri 5:45-7:15am

Age Group: Mon-Fri 5:30-7:00pm

Age Group Development: Mon–Thurs 5:30-6:30pm

Please consult our coaching staff to determine the best practice group for you or your swimmer.

Please return all completed forms **with your initial payment** directly to me or to your swimmer's coach. Once these are submitted and processed you will be billed monthly via e-mail for all subsequent dues and these payments should be mailed prior to the first of each month to:

Aggie Swim Club  
P.O. Box 10596  
College Station, Texas 77842

Should you have any further questions, please feel free to contact me. Welcome on deck!!

Shannon Clark, Club Administrator

Phone: 979-776-1155 / E-mail: [aggieswimclub@suddenlink.net](mailto:aggieswimclub@suddenlink.net)

<http://www.aggieswimclub.org>



**AGGIE SWIM CLUB  
SWIMMER REGISTRATION FORM**

REGISTRATION FEE: The 2012 annual USA fee is \$68.00 per swimmer.  
(The USA fee can be reduced to \$5/swimmer with proof of school lunch qualification).

Please return this form along with a check payable to:  
AGGIE SWIM CLUB, P.O. Box 10596, College Station, Texas 77842

Parents' Names: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

E-mail address: \_\_\_\_\_ Alternate E-mail address: \_\_\_\_\_  
(Your e-mail address will be used for billing purposes and will be added to our distribution list to keep you updated with regard to Club activities. Please notify us if your e-mail address changes during the year.)

Mom's Daytime Phone: ( ) \_\_\_\_\_ Dad's Daytime Phone: ( ) \_\_\_\_\_

Mom's Cell Phone: ( ) \_\_\_\_\_ Dad's Cell Phone: ( ) \_\_\_\_\_

How did you hear about the Aggie Swim Club? \_\_\_\_\_

**Swimmer #1:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
LEGAL Last Name, FULL/LEGAL First Name, Middle Initial

Preferred First Name/Nickname: \_\_\_\_\_ Start Date: \_\_\_\_\_

Swim Group (Please circle): Novice, Age Group Development, Junior Age Group, Age Group, Junior, HS Auxiliary, Senior

Location: TAMU Rec College Station Middle School (CSMS) Bryan Aquatic Center (BAC) Huntsville Aquatic Center (HAC)

Novice - please circle: Mon/Wed Tues/Thurs  
4:30-5:15pm (CSMS) 5:30-6:15pm (CSMS/BAC) 6:30-7:15pm (CSMS)

Age Group Development - Mon-Thur - please circle: 4:30-5:30pm (CSMS) 5:30-6:30pm (CSMS/HAC) 6:30-7:30pm (CSMS/BAC)

**Swimmer #2:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
LEGAL Last Name, FULL/LEGAL First Name, Middle Initial

Preferred First Name/Nickname: \_\_\_\_\_ Start Date: \_\_\_\_\_

Swim Group (Please circle): Novice, Age Group Development, Junior Age Group, Age Group, Junior, HS Auxiliary, Senior

Location: TAMU Rec College Station Middle School (CSMS) Bryan Aquatic Center (BAC) Huntsville Aquatic Center (HAC)

Novice - please circle: Mon/Wed Tues/Thurs  
4:30-5:15pm (CSMS) 5:30-6:15pm (CSMS/BAC) 6:30-7:15pm (CSMS)

Age Group Development - Mon-Thur - please circle: 4:30-5:30pm (CSMS) 5:30-6:30pm (CSMS/HAC) 6:30-7:30pm (CSMS/BAC)

**Swimmer #3:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
LEGAL Last Name, FULL/LEGAL First Name, Middle Initial

Preferred First Name/Nickname: \_\_\_\_\_ Start Date: \_\_\_\_\_

Swim Group (Please circle): Novice, Age Group Development, Junior Age Group, Age Group, Junior, HS Auxiliary, Senior

Location: TAMU Rec College Station Middle School (CSMS) Bryan Aquatic Center (BAC) Huntsville Aquatic Center (HAC)

Novice - please circle: Mon/Wed Tues/Thurs  
4:30-5:15pm (CSMS) 5:30-6:15pm (CSMS/BAC) 6:30-7:15pm (CSMS)

Age Group Development - Mon-Thur - please circle: 4:30-5:30pm (CSMS) 5:30-6:30pm (CSMS/HAC) 6:30-7:30pm (CSMS/BAC)

\_\_\_\_\_ I understand that the monthly fee is billed 1 month in advance and is due by the last day of the billed month. A \$10 late fee for payments received after the 10<sup>th</sup> of the month will be assessed. I understand that if my account becomes 45 days past due, my swimmer will not be allowed to participate with the Club until my account, including late fees, is paid in full.

\_\_\_\_\_ I understand I am responsible for any USA swimming meet fees or fines imposed.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



**AGGIE SWIM CLUB**

**Swimmer's Agreement to Hold Harmless**

I, \_\_\_\_\_, agree to & hereby release AGS; the AGS coaching staff,  
(Print Name of Parent, Guardian or Adult Swimmer)  
the TAMU Rec Center, College Station Independent School District (CSISD), College Station Middle School, City of College Station, City of Huntsville, Huntsville Aquatic Center, Bryan Aquatic Center or City of Bryan; Gulf Swimming, Inc.; & USA Swimming, Inc.; their agents and employees from all liabilities & claims arising by reason of injuries that may occur to \_\_\_\_\_  
(Print Name of Swimmer)

while participating in the programs of the Aggie Swim Club, including travel to & from training sessions, other scheduled activities, & swimming meets. I agree to indemnify & hold harmless the above mentioned, their agents & employees, against any & all liability for personal injury, including injuries resulting in death, or damage to property, or both, while enrolled in the program. I agree to reimburse the above for any & all damages they are compelled to pay arising from any such claim, demand, action, or cause of action as may arise from my or my child's action while enrolled in the program.

**Emergency Medical Treatment Authorization**

I, \_\_\_\_\_, in the event that I cannot be reached to make  
(Print Name of Parent, Guardian, or Adult Swimmer)  
arrangements for emergency medical attention, authorize the staff and / or coaches of the Aggie Swim Club to take my child, \_\_\_\_\_, to \_\_\_\_\_  
(Print Name of Swimmer) (Print Name of Physician)  
or to the nearest emergency medical facility. If the named physician is not available, I authorize the staff & coaches to obtain emergency medical attention & treatment for my child at a hospital or clinic of their choice. I give consent to the hospital or clinic, & physicians to render the necessary emergency treatment to my child.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Please complete the appropriate answer below. All information will remain confidential.

Child's Name:	Yes or No:	
		Has this athlete ever had hospitalization, surgery, injury or serious medical illness?
		Is this athlete now under the care of a physician or taking any medication?
		Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports?
		Does this athlete have any known allergies (i.e. to medications)?
		Does this athlete wear glasses or contact lenses?
		Has this athlete ever blacked out or lost consciousness during physical activity?

If yes to any of the above, please explain below.

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Telephone Numbers:** Work \_\_\_\_\_ Home \_\_\_\_\_

Cell \_\_\_\_\_ Family \_\_\_\_\_ Friend \_\_\_\_\_  
Name & Number Name & Number Name & Number

This information is important to ensure treatment and reimbursement for medical expenses incurred when parents are not available.

**For more information, please contact Shannon Clark, Club Administrator at (979) 776-1155 or [aggieswimclub@suddenlink.net](mailto:aggieswimclub@suddenlink.net)**