

Baldwinsville Sharks Swim Club Registration Form

Last Name: _____

Parents First Names: _____

Address: _____

Phone: _____ Email _____

Swimmer Name #1: _____ DOB: _____ Group: _____

Swimmer Name #2: _____ DOB: _____ Group: _____

All Baldwinsville Sharks Swim Club swimmers are required to register with the USA Swimming. The fee is \$56 per swimmer and is included in the registration fee below. Please fill out the attached USA Form and return it with this registration. The club will send in your USA application and fee to Niagara Swimming Inc. ALL parents must sign & date the Parental Consent and Medical Treatment form on the reverse side.

Season Fees (per swimmer): **Group I: \$306. (age 8 & up)**
Group II: \$381. (generally grades 6 - 12)

Modified/Varsity Swimmers Only (swim with Group II) fees are as follows:

Boys Varsity Preseason Tune-Up: \$70 (if already 2009 USA Registered)
\$126 (if not already 2009 USA Registered)
Boys Modified Preseason Tune-Up: \$160 (if already 2009 USA Registered)
\$216 (if not already 2009 USA Registered)
Girls Varsity/Modified – After Season \$276 (will start after varsity/modify season completed)

Season Schedule: Sept 14, 2009 – March 18, 2010 Baker High School Pool

Group I: Mon, Wed & Friday 6:00 – 6:45 PM

Group II: Mon, Wed & Fri 6:45 – 7:30 PM
Tues & Thurs 6:00 – 7:30 PM

**** times will shift during the season based upon pool availability, coaching conflicts, and scholastic swim seasons – Please check the monthly schedules on our website - bvillesharks.org**

Swimmer 1 Fee: \$ _____

Swimmer 2 Fee: \$ _____

Total Due: \$ _____ (checks payable to: *Baldwinsville Sharks*)

Please mail application and fee to:

Pam Koagel 7000 Brannockbryne St., B'Ville, NY 13027


Parental Consent and Medical Treatment
(Must be signed to participate)

Swimmer's Name: _____

I, the parent/guardian of the above registrant and my child will abide by the rules of the Baldwinsville Sharks, and its affiliated organization and sponsors. Recognizing the possibility of personal injury inherent in youth sports, and associated with swimming, and in consideration for the Baldwinsville Sharks, its affiliates and sponsors, their officers, employees, volunteers and associated personnel, including the owner of swim facilities used by the Sharks, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Baldwinsville Sharks swim program and/or transportation to and from the same, which transportation I hereby authorize. I hereby give consent for emergency treatment or medical care as prescribed by a licensed doctor of medicine or doctor of dentistry, whenever and under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Are there any medical conditions that the Baldwinsville Sharks organization needs to be aware of?

Signed: _____
Date: _____

	USA SWIMMING	2010 ATHLETE REGISTRATION APPLICATION LSC: NIAGARA SWIMMING, INC.
<small>REGISTRATION DAT OFFICE USE ONLY</small>		
<p>PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:</p>		
LAST NAME _____		LEGAL FIRST NAME _____
MIDDLE NAME _____		
PREFERRED NAME _____		DATE OF BIRTH MO. DAY YR.
		SEX M-F _____
		AGE _____
		CLUB CODE _____
NAME OF CLUB YOU REPRESENT _____		
FATHER/GUARDIAN LAST NAME _____		FATHER/GUARDIAN FIRST NAME _____
		MOTHER/GUARDIAN LAST NAME _____
		MOTHER/GUARDIAN FIRST NAME _____
MAILING ADDRESS _____		
CITY _____		STATE _____
ZIP CODE _____		
AREA CODE _____	TELEPHONE NO. _____	
U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHICH FEDERATION: _____		
DISABILITY: <input type="checkbox"/> A. Legally Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment <input type="checkbox"/> D. Cognitive Disability such as mental retardation, severe learning disorder, autism		RACE AND ETHNICITY (You may make up to two choices if appropriate): <input type="checkbox"/> Q. Black or African American <input type="checkbox"/> R. Asian <input type="checkbox"/> S. White <input type="checkbox"/> T. Hispanic or Latino <input type="checkbox"/> U. American Indian & Alaska Native <input type="checkbox"/> V. Some Other Race <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander
		MAKE CHECK PAYABLE TO: NIAGARA SWIMMING, INC.
		MAIL APPLICATION & PAYMENT TO: James L. Bowen, Jr. 586 Van Kirk Road Newfield, NY 14867 Email: jlb6@cornell.edu 607-564-9298 • Fax: 607-255-0327
YEAR LAST REGISTERED _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT		REGISTRATION FEE USA Swimming Fee \$45.00 LSC Fee 10.00 TOTAL DUE \$55.00
CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB ____/____/____		USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.
SIGN HERE X _____ SIGNATURE OF ATHLETE, PARENT OR GUARDIAN		<input type="checkbox"/> CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES