

**ALAMO AREA SUMMER SWIM LEAGUE  
FAMILY MEMBERSHIP FORM**

**FAMILY LAST NAME:** \_\_\_\_\_

**TEAM:** NADADORES

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Swimmer Information**

	Swimmer Name	Date of Birth	Gender	On Team Last Year	Shirt Size
Swimmer # 1			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	
Swimmer # 2			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	
Swimmer # 3			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	

**There will be NO refunds after June 5th.**

**VOLUNTEERS**

Summer League Swimming requires a lot of parent involvement. It takes many volunteers to run each dual meet (home and away). In addition, our team is required to provide an official and our share of timers for the championship meets. Every parent is required to volunteer in some capacity with our team. We need you!!

Please indicate below areas where you would like to serve. We will contact you to schedule a specific time or to make sure you receive the appropriate training if necessary. In addition we will have sign up sheets prior to each meet.

- Official (stroke/turn/finish/starter – training required)     
  Timer     
  Scorer/Ribbons  
 Concessions     
  Ready Bench Parent     
  Runner     
  Setup/Tear Down

**Waiver/Release/Consent for Medical Treatment (Minor)**

I, the parent/guardian of all of the registrants, all minors, agree that I and the registrants will abide by the rules of the AASSL, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with swimming and in consideration by the AASSL, accepting the registrants for its summer league swimming programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the AASSL, its affiliated organizations and sponsor, their employees and associated personnel, including the Northeast ISD, Northside ISD, Palo Alto College and owners of pools and facilities utilized for the Programs against any claim by and or on behalf of the registrants as a result of the registrants participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I also understand that registrants might be photographed and I allow their photo, video or film likeness to be used for any legitimate purpose.

I agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.

As the parent or legal guardian of the registered swimmers, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependents listed above. The AASSL does not assume any financial responsibility but does wish to provide the best emergency service available. By signing this form, you are giving the appropriate pool personnel authority to call EMS or to obtain medical care in the event of an emergency.

Parent/Guardian Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_

**TEAM Use Only**

Amount Paid: \$ \_\_\_\_\_ Late:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_