EMMAUS AQUATIC CLUB
APPLICATION FOR COMPETITIVE MEMBERSHIP 2008-2009

New Swimmer ☐ **Returning Swimmer** ☐

Family Name: _____
Last Father Mother

Street Address: _____City: _____

Zip: _____Home Phone: _____E-Mail: _____

School District: _____

Place of Employment:(Dad)_____Phone_____ Fax_____
Place of Employment:(Mom)_____Phone_____Fax _____
Emergency Name and Number: _____

Swimmers' Info:

Full Name (include middle name)	Preferred Name	Birthdate	T-Shirt Sz	Group Assigned*
_____	_____	___/___/____	___	_____
_____	_____	___/___/____	___	_____
_____	_____	___/___/____	___	_____

Placements are at the discretion of the EMAC coaching staff only. Coaches have evaluated swimmers based on factors presented during practice and meet performance & attitudes throughout the 2007-2008 short & long course seasons. New members must be evaluated by the EMAC coaching staff. Please call the office for times available.

Please read carefully:
I voluntarily consent to attend or participate or have my child/children attend or participate in Emmaus Aquatic Club programs. I am aware of the risks to person and property known to be associated with any of the Emmaus Aquatic Club programs and the facility, including but not limited to: the pools, tennis courts, locker rooms, common areas, revolving doors, diving boards, equipment, blocks, steps, foliage, insects, gas grills, parking lot and surrounding areas. These risks include but are not limited to: ear and eye infections, colds, abrasions, cuts, nosebleeds, burns, stings, rashes, head injuries, injured or broken limbs, paralysis and even death.

The undersigned parent hereby gives permission for any necessary medical care to be given to my child/children in case of accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

I (We) have read and agree to the rules and responsibilities of membership in the Emmaus Aquatic Club, in particular the *required participation in the annual Swim-A-Thon* (Seasonal & Competitive).

_____ _____ _____
date full name applicant or parent's signature (if under 18)

Medical conditions, we should be aware of? _____

Send signed registration form and payment (check payable to EMAC). ***See reverse side for Auto W/D authorization.***

EMAC Competitive Programs
PO Box 3304
Allentown, PA 18106-0304

_____
Office use only

Reg. Fee Annual Auto W/D Monthly W/D USA
Date

Check # 9/06