



Capital of Texas Aquatics Registration Form

FAMILY NAME:

Contact Information

Last Name	First-Parent 1	First-Parent 2
Address Line		
City	State	Zip Code
Parent 1: Cell Phone	Office Phone	E-Mail
Parent 2: Cell Phone	Office Phone	E-Mail

<i>New to USA Swimming? You must include a copy of a birth certificate, passport, or a license for proof of age.</i>	Swimmer #1	Swimmer #2	Swimmer #3	Swimmer #4
First Name:				
Middle:				
Last:				
Date of Birth (mm/dd/yy)				
Preferred Name				
T-shirt size YM, YL, AS, AM, AL, AXL				
USA Swimming 2012 Athlete Registration Fee	\$68.00	\$68.00	\$68.00	\$68.00
Transfer Fee*				
Group Name				
Monthly Group Dues AGE: \$90.00 JUNIOR: \$125.00 SENIOR: \$135.00 PE Waiver: (\$75.00/semester)		-\$20.00 1 st swimmer	-\$40.00 2 nd swimmer	
COTA Registration Fee (includes 1 t-shirt per swimmer)	\$125.00	\$75.00	\$50.00	\$50.00
SWIMMER TOTAL				

*(Maximum monthly dues per family not to exceed \$300.00 /family)	
FAMILY TOTAL DUE.....	

NOTES

* There is a \$15 USA Transfer Fee in addition to the \$68 Annual USA Fee, if transferring to the South Texas LSC from another LSC. Please complete a South Texas Transfer Form if you are transferring to COTA from another USA-S registered program. Registration fees are non-refundable.
 *Monthly Dues Discounts: 2nd Swimmer - \$20.00 Discount; 3rd Swimmer - \$40.00 Discount; Monthly Dues will be capped at \$300.00 per family regardless of number of swimmers.
 *I agree to allow the team to include pictures of my swimmer(s) on the team's website and in team literature.

_____ Date _____ Signature

Please make all checks payable to COTA



Capital of Texas Aquatics Medical Release Form

FAMILY NAME:

SWIMMER NAME:

(Please complete one form for each swimmer)

Swimmer Medical and Emergency Information

Doctor's Name

Doctor's Phone

Emergency Contact

Emergency Contact Phone(s)

Medical Insurance Company

Group Number

Subscriber Number

Insured's Name

List Medical Conditions (Note any physical/medical issues or allergies)

List swimmer name and all medications taken on a regular basis:

I hereby authorize COTA to provide me with medical care and treatment and emergency medical services associated with participation in this program. In addition, I agree to pay all costs associated with my medical treatment or transportation. I further authorize the release of any medical information necessary to process a claim for accident/ medical payment insurance for an injury or illness incurred while participating as member of COTA.

I understand and appreciate that my participation in the sport of swimming carries a risk of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept, and assume this risk.

The undersigned, parent, or legal guardian of _____ represents she/he is in fact acting in such capacity and agrees to save and hold harmless USA Swimming, Inc., the Local Swimming Committee (LSC), COTA, Courtyard or their respective coaches, officers, directors, agents, representatives, or employees for any and all damages that may be sustained or suffered by me in connection with, or arising out of my traveling to, participating in, and returning from COTA. I also agree to indemnify and hold harmless COTA, and all related entities for any damages incurred arising from any claims, demand, action, or cause of action by the participant.

In the event I am injured or should require medical attention, I hereby authorize COTA to contact the physician listed. In the event the doctor cannot be reached, I hereby authorize the coach or other COTA representative to secure necessary medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment, by calling me at the numbers listed on this form. In case I cannot be reached, or in case of emergency, medical treatment as described may proceed without further authorization.

This is to certify that I, as parent/guardian of _____, participating in COTA, give my consent to COTA and its representatives to obtain medical care from any licensed physician, hospital, or clinic for the above-mentioned athlete for injury that could arise from activities in this competition.

Signature

Date



Capital of Texas Aquatics Financial Agreement

FAMILY NAME:

COMPLETE ONE FORM PER FAMILY

- Each family will receive a monthly dues invoice (via email) no later than the 28th of the month; dues are to be paid in full by the first day of the month. Please pay for all your family's swimmers with one check.
- Return your payment by placing it in the "Payment" folder at the very front of the black box that sits on the table near the coaches. You may also mail your payment to our business address: COTA, P.O. Box 201343, Austin, TX 78720-1343 (allow enough time so that your payment is received by the first of the month). **Do not give payments to the coaches and never pay with cash.**
- A fee of \$10.00 is assessed for payments received after the 10th of the month. **Swimmers with delinquent fees and who have not paid by the 20th of the month will not be allowed to swim until all fees (including late charges) are paid.**
- Meet fees not received by the deadline for meet entries will result in a \$15.00 per swimmer penalty. Failure to pay the late meet fees and penalty will result in the swimmer being barred from the next meet. Meet fees are due the day after meet entries are due.
- A fee of \$25.00 is assessed for checks with insufficient funds.
- **Registration fees as well as monthly dues will not be pro-rated or refunded.**
- ***If you wish to voluntarily withdraw from the team, you must notify Capital of Texas Aquatics through the designated email (admin@capitaloftexasaquatics.com) 15 days prior to the first of the month. Do not rely on the coaches or other parents to notify the COTA Administrator. If you do not submit your notice to this specific email address, you will be responsible for the monthly tuitions until we receive proper notification.***
- Although our team is a non-profit organization, we are a business that relies on receiving monthly dues from all swimmers who are registered and receiving the instruction offered at COTA.

NOTICE

Capital of Texas Aquatics reserves the right to refuse service for untimely payments, non-payment, failure of swimmer or parent to observe the rules of conduct of the team, or engagement in conduct materially and seriously prejudicial to the interests and purpose of the team.

I have read and understood, and I agree to the above Financial Agreement.

I hereby acknowledge and accept the financial obligations and requirements of membership as stated above. I understand that no refunds will be made. I am agreeing to pay registration, USA Swimming fees, monthly dues, meet entries and all other incurred expenses on time. This commitment includes the requirement to pay for the entire month, regardless of the extent of my swimmer's participation.

Signature

Date