

## 2007-08 Space City Aquatic Team Registration Form

						Start Date:	
Swimmer (s) Name <u>including middle</u>	Sex M/F	Age	Birth Date	Group (Coach's Use Only)	T-Shirt Size Youth-YS, YM, YL Adult -S,M,L,XL, XXL	Current Member of SCAT?	
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE –Swimmers transferring from another USA Swimming team also need to fill out a Gulf / USA Swimming transfer form.

Parent/Guardian First and Last Name		E-Mail Address <b><u>for sending monthly statements</u></b>	
Mailing Address		Work Phone	
City	Cell Phone	Home Phone	
Zip Code	Parent/Guardian Signature		
Mother's Place of Business/Occupation	Father's Place of Business/Occupation		

### **Medical Release**

My Child,  
**First Name**

**Last Name**

**Medical Condition/Medications**

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

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

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

has my permission to participate on Space City Aquatic Team. I agree not to hold Space City Aquatic Team, its board of directors or agents responsible for injuries sustained while participating in any part of this voluntary program. I attest to the fact that the child named hereon is in good physical condition. I agree to make the coaches aware of all children hereon that develop any particular problems relative to his/her state of health.

If my child is injured and requires medical treatment, my signature of this form authorizes Space City Aquatic Team personnel to consent to medical treatment in my absence. Every effort shall be made to contact me first before outside medical treatment is performed. Medical treatment includes any and all services that are necessary for the benefit, safety and well being of my child.

I agree that I will be responsible for any and all expenses associated with providing medical care for my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Parent Initials & Signatures

\_\_\_\_\_ (Parent Initial) I have read and understand that all fees are due by the 10<sup>th</sup> of the month and a **\$25 late fee** will be assessed if payment is not in the hands of the Treasurer by that date.

\_\_\_\_\_ (Parent Initial) I have read and understand that the treasurer must be notified in writing by the first of the month if I do not plan to swim that month. Otherwise, I am responsible for the full month's fees. [scattreasurer@comcast.net](mailto:scattreasurer@comcast.net)

\_\_\_\_\_ (Parent Initial) I give SCAT, its photographers and others SCAT may choose, my consent to use photographs, pictures, or other images of the swimmers named above, in any manner and in all forms of media, now or later known, for promotional, educational, editorial, or any other lawful purpose. I understand and agree that SCAT, its photographers and others may use finished products containing the swimmer's likeness without my prior inspection or approval. Neither SCAT nor its photographers or any others may identify the swimmer by full name (identification by first name only is acceptable) in any form of media in which his or her likeness appears as a result of the consent I have given here. I am the parent or legal guardian of the swimmers named above, and I have the legal authority to sign this Permission to Use Photographs, which I have read and fully understand and accept.

\_\_\_\_\_ (Parent Initial) I have read and understand that I am responsible for volunteering to work at each SCAT-hosted meet.

I have read and understand all information contained in this registration packet. I agree to be responsible for all fees and policies herein.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## VOLUNTEER SIGN-UP

SCAT membership requires a commitment to serve the team in some capacity. There are many year-round jobs to be done and opportunities to help. Each SCAT-hosted meet requires more than 50 volunteers. Every family is required to provide at least one (1) adult volunteer for each SCAT-hosted meet. Positions, which must be filled, are listed below. Some require training and certification, but the majority does not. Several weeks before the meet, families will be asked to volunteer for the following jobs listed as SCAT-HOSTED MEETS. Other areas of needed volunteers on a year-round basis are listed as YEAR-ROUND STANDING COMMITTEE.

### YEAR-ROUND STANDING COMMITTEES

Banquet / Social  
Team Gear  
Grant Writing  
Sponsorships  
Facilities  
Community Outreach  
Membership

### SCAT-HOSTED MEETS

Meet Director (Training Required – **Aug. or Sept.**)  
Official (Training Required and Gulf Swimming requires a minimum of 4 from our team)  
Meet Volunteer Organizer  
Seeding/Scoring (Computer Operations)  
Console/Scoreboard (Computer Operations)  
Clerk of Course  
Heat Sheet Sales  
Safety Marshall  
Traffic/Pool Deck Monitor  
Announcer  
Concessions  
Meet Setup/Takedown  
Hospitality  
Head timer  
Runner  
Awards

Emergency Information	Volunteer Information	Parent form signed		Group assigned		USA Reg or Transfer Form	Cash Rec. or Check #	Total Received	SCAT Rep. Initials

\*\*\*\*\***FOR SCAT USE ONLY**\*\*\*\*\*

Please complete 1 application per swimmer. Print additional copies of this page if you have more than 2 swimmers. This USA form must be returned to the SCAT Registrar in hard copy with required signature



**USA SWIMMING**

**2008 ATHLETE REGISTRATION APPLICATION  
LSC: GULF SWIMMING**

REG. DATE / OFFICE USE ONLY

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PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

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	IF UNATTACHED ENTER IN MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.

U.S. CITIZEN?  YES  NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

IF YES, WHICH FEDERATION: \_\_\_\_\_

- DISABILITY:**
- A. Legally Blind or Visually Impaired
  - B. Deaf or Hard of Hearing
  - C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
  - D. Cognitive Disability such as mental retardation, severe learning disorder, autism
- RACE AND ETHNICITY (You may make up to two choices if appropriate):**
- Q. Black or African American
  - R. Asian
  - S. White
  - T. Hispanic or Latino
  - U. American Indian & Alaska Native
  - V. Some Other Race
  - W. Native Hawaiian & Other Pacific Islander

**MAKE CHECK PAYABLE TO:**

**GULF SWIMMING**

**MAIL APPLICATION & PAYMENT TO:**

**ANNETTE LEACH  
51 QUIET OAK CIRCLE  
THE WOODLANDS, TX 77381  
E-MAIL: AnetLeach@aol.com  
281-367-6948**

REGISTRATION FEE	
USA Swimming Fee	\$44.00
LSC Fee	20.00
<b>TOTAL DUE</b>	<b>64.00</b>

YEAR LAST REGISTERED \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2007, ENTER THAT 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

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES



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MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.

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**ANNETTE LEACH  
51 QUIET OAK CIRCLE  
THE WOODLANDS, TX 77381  
E-MAIL: AnetLeach@aol.com  
281-367-6948**

REGISTRATION FEE	
USA Swimming Fee	\$44.00
LSC Fee	20.00
<b>TOTAL DUE</b>	<b>64.00</b>

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# 2007-08 Registration and Fee Information

## Annual Registration fee is \$125

Includes Gulf Swimming and USA Swimming registration - allows swimmer to compete in meets and covers swimmer's insurance.

### SCAT Fees Summary

Group Name	Yearly fee paid in full at registration (non-refundable)	4-month session fee paid in full at beginning of each session (non-refundable)	Monthly fee billed 1 <sup>st</sup> of each month Payment due no later than 10 <sup>th</sup> of the month <sup>1</sup> Payments from Sept-Apr	Monthly fee billed 1 <sup>st</sup> of each month Payment due no later than 10 <sup>th</sup> of the month <sup>1</sup> Payments from May- Aug
Development	\$740	Sept-Dec \$265 Jan-April \$265 May-Aug \$265	\$70	\$60
Competitive	\$1000	Sept-Dec \$355 Jan-April \$355 May-Aug \$355	\$95	\$80
<b>Age Group</b>	\$1150	N/A	\$110	\$90
Junior	\$1205	N/A	\$115 3 x a week \$70	\$95 3 x a week \$60
Junior National	\$1260	N/A	\$120	\$100
Senior	\$1355	N/A	\$130 3 x a week \$80	\$105 3 x a week \$65
National <sup>3</sup>	\$1490	N/A	\$145	\$110
Masters (18 -over) <sup>2</sup>	N/A	N/A	\$70 3 x a week \$55	\$60

Meet Fees are billed as swimmers are entered in meets and are payable prior to the meet.

<sup>1</sup>Payments must be mailed and not submitted to coaches or board members directly. A late fee of **\$25.00** is applied if the monthly program fee is not received by the Treasurer by the 10<sup>th</sup> of each month. Fees overdue for greater than 45 days will result in swimmer not allowed to practice. Statements are sent via e-mail and family is responsible for payment by the due date regardless of whether e-mail is read and statement is received. Notify the treasurer at registration to arrange alternate method of receiving statement if no e-mail address is available.

<sup>2</sup>National and Masters often have two practice sessions per day several days per week

All checks should be made PAYABLE TO "SCAT".

Mail payments to:

**SCAT Swimming**

**PO BOX #188**

**League City Texas 77574-0188**

**E-mail: [scattreasurer@comcast.net](mailto:scattreasurer@comcast.net)**

#### **Inactive Status:**

Families with swimmers needing to go inactive must notify the treasurer in writing by the 1<sup>st</sup> of the month. We ask that families do not go inactive in March and August simply because we have a 2-week break. This break is a planned break to allow your swimmer to rest from the season. Fees are spread throughout the year based on the cost of the program. Although your swimmer is resting, our staff is working and pools must be paid. Our pool fees are also spread throughout the year. Our staff works most holidays and receives little time off compared to standard corporate schedules. Our staff is valued very highly and it is important they receive the benefit of some down time as well.

Practice schedule link [http://www.goscat.com/content/practice\\_schedule/](http://www.goscat.com/content/practice_schedule/)

Online meet entry link [http://www.goscat.com/content/meet\\_schedule/online\\_meet\\_entry.html](http://www.goscat.com/content/meet_schedule/online_meet_entry.html)