

**Swimmer Information Form
Wells Branch Armada Registration 2010**

NEW

Please complete all information and sign form.

**** Please PRINT Clearly ****

Athlete Information

Last Name _____ First Name _____ Middle _____
Nickname _____ Birth Date _____ May 1st Age _____
Gender (M / F) _____

Parent and Contact Information

Primary	Last Name	First Name
<input type="checkbox"/>	Father _____	_____
<input type="checkbox"/>	Mother _____	_____

Mailing Address _____ City _____ TX Zip _____

Home Ph # _____

Father

Office Ph _____ Cell ph _____
E-mail _____

Mother

Office Ph _____ Cell ph _____
E-mail _____

Signatures

AAU Membership. All Armada swimmers must be registered members of the Amateur Athletics Union (AAU) and part of the Armada registration fee is applied as AAU membership dues. By authorizing payment of the annual membership dues, I certify that: 1) the swimmer has never been convicted of any sex offense nor felony; or, if so, he/she must apply for membership (and receive approval) through the AAU National Office; and, 2) this application is correct in every material aspect, including but not limited to (street) address and birth date. The Applicant agrees to be bound by the AAU Code, including all AAU Policies, which are available for review on the AAU Web site at www.aausports.org.

Medical Release. This medical information may be shared as needed with coaches and volunteers. In the event of an emergency, if you are unable to contact my doctor listed above, please accept this letter as your authority to use the Doctor-On-Call in the Emergency Room for any necessary emergency medical treatment.

Parent/Guardian Signature **X** _____ Date _____

Medical Information & Emergency Contact

Doctor Name _____ Ph _____

Medical Conditions _____

Medications _____

Emergency Contact Name: _____ Ph _____