

# NORRISTOWN AREA AQUATIC CLUB | REGISTRATION

Please print clearly

Make check(s) payable to: NAAC. If you do not want to be included in the NAAC directory, please check here [ ]

## SWIMMER/DIVER INFORMATION

Name	M /F	Date of birth	Age as of 10.31	Diver	USA Swimmer	Member of High School swim team
1.				Yes [ ] No [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
2.				Yes [ ] No [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
3.				Yes [ ] No [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]
4.				Yes [ ] No [ ]	Yes [ ] No [ ]	Yes [ ] No [ ]

## PARENT/GUARDIAN INFORMATION

Father/Guardian Last Name	First Name		
Mother/Guardian Last Name	First Name		
Address	City	State	Zip Code
Home phone	Cell	E-mail (for updates throughout the season)	

Have you previously been a member of NAAC? Yes [ ] No [ ] If yes, has any information above changed from last year? Yes [ ] No [ ]

Did you swim in the Suburban Aquatic League last year for a team other than NAAC? Yes [ ] No [ ]

If yes, which team? \_\_\_\_\_ Contact the SAL rep from your previous team and request a release be sent to naacswim@gmail.com

## MEDICAL INFORMATION: In an emergency when parent/guardian cannot be reached, please contact the following:

Name	Home phone	Cell
Swimmer 1 Allergies	Other Medical Conditions	
Swimmer 2 Allergies	Other Medical Conditions	
Swimmer 3 Allergies	Other Medical Conditions	
Physician	Phone	
Medical/Hospital Insurance Company	Phone	
Policy Holder's Name	Policy Number	

## Emergency Medical Treatment Authorization

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility in an emergent situation. I, the undersigned, do hereby release the Norristown Area Aquatic Club (NAAC) and Norristown Area School District, their boards, employees, teams, officers, coaches, and judges, as well as any organization that holds any swimming event that my child may participate in (RELEASED PARTIES) from any claims arising from personal injury, no matter how caused, which may occur to my child during his/her participation in the NAAC program and/or invitational meets. In addition, I hereby waive any claims, suits, actions, or causes against RELEASED PARTIES for personal injury, no matter how caused, which my child has incurred, may incur or suffer, during his/her participation in NAAC, meets, invitationals, and/or practice sessions. I further agree to indemnify and hold forever harmless the RELEASED PARTIES against all losses, including counsel fees and court costs, from any and all claims made against it by any party as a result of my child's actions, negligent or intentional, which may result in injury or loss to another participant, spectator or other person.

## Release/Waiver/Indemnity Form

I, the undersigned, do hereby release Norristown Area Aquatic Club (NAAC) and Norristown Area School District (NASD), their boards, employees, teams, coaches, and officials, as well as any organization that holds any invitationals that my child may participate in (RELEASED PARTIES) from any claims arising from personal injury, no matter how caused, which may occur to my child during his/her participation in the NAAC program and/or championship / invitational meets. I hereby waive any claims, suits, actions, or causes against RELEASED PARTIES for personal injury, no matter how caused, which my child has incurred, may incur or suffer, during his/her participation in NAAC, meets, invitationals, and/or practice sessions. I further agree to indemnify and hold forever harmless the RELEASED PARTIES against all losses, including counsel fees and court costs, from any and all claims made against it by any party as a result of my child's actions, negligent or intentional, which may result in injury or loss to another participant, spectator, or other person.

Signature, Parent/Guardian	Relation to swimmer	Date
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## PARENT PARTICIPATION

It is the policy of NAAC, that a family member/guardian other then the swimmer or diver, work **FIVE** dual meets and the Harvest meet during the swim season.

**Please check three jobs you prefer:** We will make every effort to assign you a job you prefer, but you may be required to work another job depending on the needs of the meet director. Job descriptions can be found in the NAAC Handbook and on the website norristownaquatic.org.

- |                                            |                                                        |                                                          |                                               |
|--------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Starter/Referee*  | <input type="checkbox"/> Finish Judge*                 | <input type="checkbox"/> Deck Parent   Girls             | <input type="checkbox"/> Timer                |
| <input type="checkbox"/> Stroke & Turn*    | <input type="checkbox"/> Announcer                     | <input type="checkbox"/> Deck Parent   Boys              | <input type="checkbox"/> Concessions          |
| <input type="checkbox"/> Computer Scoring* | <input type="checkbox"/> Runner                        | <input type="checkbox"/> Meet Director Assistant   Boys  | <input type="checkbox"/> 50/50 Tickets        |
| <input type="checkbox"/> Timing Console*   | <input type="checkbox"/> Set-up & take-down equipment* | <input type="checkbox"/> Meet Director Assistant   Girls | <input type="checkbox"/> Awards, Harvest Meet |
- \* Job needs training  Diving Judge\*