

2010 McPherson Aqua Pups Registration

Parent's Names _____ Home Phone _____
 Address _____ City _____
 Parent's Email _____
 Father's Cell Phone _____ Mother's Cell Phone _____
 Father's Work Phone _____ Mother's Work Phone _____

EMERGENCY CONTACT TO BE USED DURING PRACTICES:

Name _____ Phone _____ Relationship _____

Club Dues

1st Swimmer		\$125.00 + \$29.00*		TOTAL: _____	
Last _____	First _____	MI _____	DOB _____ mm/dd/yy	Gender _____	Age on _____ 6/1/10
2nd Swimmer		\$25.00 + \$29.00*		TOTAL: _____	
Last _____	First _____	MI _____	DOB _____ mm/dd/yy	Gender _____	Age on _____ 6/1/10
3rd Swimmer		\$25.00 + \$29.00*		TOTAL: _____	
Last _____	First _____	MI _____	DOB _____ mm/dd/yy	Gender _____	Age on _____ 6/1/10
4th Swimmer		\$25.00 + \$29.00*		TOTAL: _____	
Last _____	First _____	MI _____	DOB _____ mm/dd/yy	Gender _____	Age on _____ 6/1/10

***REGISTRATION FEE:** \$29.00 includes USA Swimming Annual Registration. The registration fee includes insurance and **must be paid by 5/1/10** in order to submit registration prior to the first day of practice. **This is a NON-REFUNDABLE FEE.** If you choose to not swim, this fee will not be returned to you.

TOTAL DUE: _____

Dues can be paid in full or in 3 monthly payments due on the 1st of each month beginning May 1.

Make checks payable to: McPherson Swim Club (MSC)

**Mail check and completed form to: Chantel Warren
 900 Canadian Dr.
 McPherson, KS 67460**

Water Park Passes

The McPherson Water Park requires each Aqua Pups swimmer to purchase a single pass (\$60.00) OR a family pass (\$180.00) to the Water Park. Passes must be purchased before the first day of practice. You can purchase a pass at the YMCA until the Water Park opens. Once the park opens, they can be purchased at the Water Park.

Registration Fee Paid on: _____

CLUB USE ONLY

1 st pmt of _____ due 5/1/10	Date Pd: _____	Amount Pd \$ _____	Check No. _____
2 nd pmt of _____ due 6/1/10	Date Pd: _____	Amount Pd \$ _____	Check No. _____
3 rd pmt of _____ due 7/1/10	Date Pd: _____	Amount Pd \$ _____	Check No. _____

Medical Release

I hereby grant the Coaches or other McPherson Swim Club Representative, permission to provide First Aid Treatment to my child_____.

I further grant permission for professional treatment for said child from a licensed physician or hospital and said licensed physician or hospital to give emergency or other treatment deemed necessary to said child. I will also be responsible for any and all expenses incurred.

I further indemnify and hold harmless the McPherson Swim Club, coaches and other McPherson Swim Club representatives from any and all claims resulting from said treatment.

Please list all known medical allergies:

Parent or guardian

This instrument was acknowledged before me on this _____ day of _____, 20_____

State of Kansas:

County of McPherson:

Notary Public Appointment expires:_____

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