Alamo Area Aquatic Association

Judson Area Aquatic Club

USA-S Fee: _____
Admin Fee: _____
Dues: _____
FOR OFFICE USE ONLY!

Aquatics Liaison: K. B. DeBord **Head Coach: Bob Renfrew**

Registration/ Emergency Information

Date: _____ Renewal Date:_____ Initials: _____

Swimmer's Information: (Circle group) Novice 1, 2, 3 Junior Senior National

Name: _____|_____|_____ DOB: |__|__|__|__|__|__| Age: _____
First Middle Last M M D D Y Y

USS Reg.#: |__|__|__|__|__|__|__|__|__|__|__|__|__|__| Fees paid: USAS: _____Ann: _____

Known Allergies: _____

Pertinent Medical History: _____

Medication taken on continual basis: _____

Choice of Hospital facilities: _____

Does swimmer carry an inhaler? [ ] Yes [ ] No If yes, please state type and reason below:

_____

T-Shirt Size: _____

Parent/Guardian Information

Name: _____ Spouse: _____

Address: _____ City: _____ Zip+4: _____

E-mail Address: _____ Cell phone #: _____

Home phone #: _____ Work phone #: _____

Secondary Emergency Contacts

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

PLEASE NOTE: Swimmers new to USA Swimming, who are registering for the first time, are required to provide a photocopy of their birth certificate.