

**Wright County Wave
2011-2012
Short Course Registration**

Please complete and bring to registration.

Athlete:

Last Name: _____ **First Name:** _____
Middle Initial: _____ **Preferred Name:** _____
Birth date (MM/DD/YYYY): _____ **Gender (M/F):** _____

Primary Contact:

Father's Last: _____ **Father's First:** _____
Mother's Last: _____ **Mother's First:** _____
Mailing Address: _____
Mailing Address: _____
City: _____ **Postal Code:** _____
Home Phone: _____
Father's Cell: _____
Father's Email: _____
Mother's Cell: _____
Mother's Email: _____

Use Primary contact for all mailing (Yes/No): _____

Wright County Wave Registration Fee for

Full Short Course Session: \$250.00 – First Swimmer

BHS Girls Swimmers: \$150.00 BHS Boys Swimmers \$100.00

Starting: 11/29/11

Minnesota Swimming Inc. (MSI) Registration Fee: \$56.00

*** The MSI Registration Fee is required for all swimmers.**

*** The MSI Registration Fee is a Non Refundable Fee.**

Parent Submitting Form: _____

Additional Family Swimmers:

Additional Family Swimmers use Additional Family Swimmers Form:

Total Amount \$306.00 - BHS Girls Total Amount: \$206.00 – BHS Boys Total Amount \$156.00

The \$56.00 MSI fee is due at registration – Checks Payable to Wright County Wave Swim Club

**Wright County Wave
2011-2012
Short Course Registration
Additional Family Swimmer**

Please complete and bring to registration.

2nd Athlete:

Last Name: _____ **First Name:** _____

Middle Initial: _____ **Preferred Name:** _____

Birth date (MM/DD/YYYY): _____ **Gender (M/F):** _____

**Wright County Wave Registration Fee for
Full Short Course Session: \$225.00 First Additional Swimmer**

BHS Girls Swimmers: \$150.00

Starting: 11/29/11

Minnesota Swimming Inc. (MSI) Registration Fee: \$56.00

Total Amount first additional swimmer: \$281.00 - BHS Girls \$206.00

3rd Athlete: (if needed)

Last Name: _____ **First Name:** _____

Middle Initial: _____ **Preferred Name:** _____

Birth date (MM/DD/YYYY): _____ **Gender (M/F):** _____

**Wright County Wave Registration Fee for
Full Short Course Session: \$200.00 Second Additional Swimmer**

BHS Girls Swimmers: \$150.00

Starting: 11/29/11

Minnesota Swimming Inc. (MSI) Registration Fee: \$56.00

Total Amount second additional swimmer: \$256.00 - BHS Girls \$206.00

4th Athlete: (if needed)

Last Name: _____ **First Name:** _____

Middle Initial: _____ **Preferred Name:** _____

Birth date (MM/DD/YYYY): _____ **Gender (M/F):** _____

**Wright County Wave Registration Fee for
Full Short Course Session: \$175.00 Third Additional Swimmer**

BHS Girls Swimmers: \$150.00

Starting: 11/29/11

Minnesota Swimming Inc. (MSI) Registration Fee: \$56.00

Total Amount first additional swimmer: \$231.00 - BHS Girls \$206.00

Wright County Wave
Athlete Information - Medical Information:

Please complete and bring to registration.

Athlete Name: _____

Doctor's Name: _____

Doctor's Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Medical Condition:

Medication:

Allergies / Food Allergies:

Parent Submitting Form: _____

Wright County Wave
Picture Waiver Form

The Wright County Wave Swim Club posts submitted pictures of team members, coaches, and parents on the clubs website, www.waveswimclub.com. Please initial:

Athlete Name:

I do not object to my child's picture appearing on the Wave website. _____

I do object to my child's picture appearing on the Wave website. _____

Parent Submitting Form: _____



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

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, MOTHER/GUARDIAN LAST NAME, MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

AREA CODE, TELEPHONE NO., FAMILY/HOUSEHOLD E-MAIL ADDRESS, U.S. CITIZEN? (YES/NO)

- 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:

Your SWIM CLUB (Or, if UN, to MSI)

MAIL APPLICATION & PAYMENT TO:

Your SWIM CLUB Or, if Unattached to: Minnesota Swimming, Inc. 1001 Highway #7 Hopkins, MN 55305 Inquiries: Email: cshapley@mnswwim.org 952.988.4181

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? (YES/NO)

IF YES, WHICH FEDERATION:

REGISTRATION FEE table: USA Swimming Fee \$48.00, LSC Fee 8.00, TOTAL DUE \$56.00

YEAR LAST REGISTERED: CLUB: Date of last meet competing with that club?

IF YOU WERE REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2011, YOU MUST ALSO COMPLETE A TRANSFER FORM. Return transfer with \$5 fee to MSI or your swim club.

High School Students - Year of high school graduation:

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.

- Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)
Check if you would like to learn more about USA Swimming's community initiatives