

Dear STAT Team Member,

We are pleased that you and your family have joined our team. Our team has a great website that will give you lots of information about what's happening on our team. You will also be able to track your child's times as they are all under your personal account. The website has a very powerful email communication and billing system that enables our coaches and team administrators to better communicate and manage our team.

Please visit: www.statswimming.com to check out our website. We think you're going to love it!

One of the most important benefits to our team administrators will be the ability to effectively invoice and track payments from our membership.

Once we have your paperwork, in two days or less you will receive an email. The email will be sent as a system generated email with your login credentials to your own private account and email. This email will grant you access to your own secure account. **Please login and update all of your contact information once logged in.**

It is especially important that you give us an email address that you use actively as we will rely heavily on email communication from this system to keep you updated on team activities, events and billing. As importantly please ensure that the rest of your contact information is accurate as well.

Please contact toddhoff@verizon.net with any difficulties you may have logging in to your account or questions.

Thank you for your support of our great team,

The STAT Team Administrators





South Tampa Aquatic Team 2010 Registration Form

Swimmers Information:

<u>Last, First, MI</u>	<u>Nickname</u>	<u>Birth Date</u>	<u>Swim Group (Circle One)</u>	<u>T-Shirt size</u>
1. _____	_____	_____	Dolphin AGI AGII STAT/JUNIOR	_____
2. _____	_____	_____	Dolphin AGI AGII STAT/JUNIOR	_____
3. _____	_____	_____	Dolphin AGI AGII STAT/JUNIOR	_____

Family Information:

Last Name: _____ Member # _____

Street Address: _____ Home #: _____

Father's Name: _____ E-Mail Address: _____ Cell#: _____

Mother's Name: _____ E-Mail Address: _____ Cell#: _____

Emergency Contact: _____ Emergency #: _____

Waiver of Liability: I represent and warrant that my child/children as listed above are in good health and have no physical conditions, ailments or disabilities which could endanger my child/children's health or safety if they were to participate in vigorous physical activity. For and in consideration of the benefits derived from my participation in the South Tampa Aquatic Team program, I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and do hereby indemnify, release and hold harmless Coach Todd's Swim School, its officers, directors, employees, and agents, South Tampa Aquatic Team, its coaches, property manager, employees, and agents from all claims of any kind what so ever, which may arise or hereafter accrue in correction with my participation in the activities of the South Tampa Aquatic Team.

Consent to Participate: As Parent/Guardian of the above listed minors, I grant them permission to participate in all activities of the South Tampa Aquatic Team and by my signature hereto agree to be bound by the terms and conditions of the paragraph set forth above.

Medical Release: I further grant permission for appropriate medical treatment to be given to my child/children as listed above in an emergency, and will be solely responsible for any medical costs which may arise.

Consent to Photograph: I also grant permission for South Tampa Aquatic Team to photograph my child/children at practices, meets and social events. The photographs may be used in our website, advertisements, press releases, postings at the pool, etc. South Tampa Aquatic Team will not use my child's last name in conjunction with their photograph on the website.

Parent/Legal Guardian Signature: _____ **Date:** _____