



**El Paso Aqua Posse Swim Club  
Family sign-up form**

2009-2010 Renewal Application

Pool where you will mainly swim (circle one): Leo    Armijo    SAC

**SWIMMER(S) NAME:**

_____	_____	_____	_____	____-____-____	_____	_____
Last	First	MI	Sex	Date of Birth	Age	Preferred First Name
_____	_____	_____	_____	____-____-____	_____	_____
Last	First	MI	Sex	Date of Birth	Age	Preferred First Name
_____	_____	_____	_____	____-____-____	_____	_____
Last	First	MI	Sex	Date of Birth	Age	Preferred First Name
_____	_____	_____	_____	____-____-____	_____	_____
Last	First	MI	Sex	Date of Birth	Age	Preferred First Name

**PARENT(S) NAME:**

_____	_____	_____
Mother	Occupation	Place of Employment
_____	_____	_____
Home Phone #	Work Phone #	Cell Phone #
_____	_____	_____
Father	Occupation	Place of Employment
_____	_____	_____
Home Phone #	Work Phone #	Cell Phone #

**MAILING/BILLING ADDRESS:**

_____	_____	_____
Number/Street Name	City	Zip Code

Parent(s) E-mail: \_\_\_\_\_

Swimmer Cell #: \_\_\_\_\_ Swimmer E-Mail: \_\_\_\_\_

CONTINUED>

**El Paso Aqua Posse Swim Club  
Renewal application continued**

**FEES**

Annual Family Assessment \_\_\_\_\_ \$100.00

**(Waived if a family member serves the club as a board member, official, or any club operation position. There are plenty of job opportunities that require very little time commitment)**

\$ \_\_\_\_\_

Number of swimmers \_\_\_\_\_ @ \$67.00

**(Annual USA/Border Swimming Registration per swimmer.)**

**Billed in November**

**United States Swimming Registration:** USA Swimming is the governing body of our club,  
**ALL swimmers must members of USA swimming to practice or compete.**

(Annual fee includes Border Swimming Fee.)

**MONTHLY DUES**

Number of swimmers \_\_\_\_\_ @ \$55.00 each per month (12 years or younger)

Number of swimmers \_\_\_\_\_ @ \$75.00 each per month (13 years and older)

**Family Advertisement Assessment:** Each family is required to sell a minimum of 2 business card ads for each of the team sponsored swim meets usually in December and July.

**PLEASE COMPLETE AND RETURN FORM(S) WITH PAYMENT TO YOUR POOL REPRESENTATIVE OR MAIL TO:**

**EPAP  
P. O. Box 971321  
EL PASO, TX. 79997-1321  
www.aquaposse.org**

**EPAP FINANCIAL POLICY: PLEASE READ & INITIAL AFTER EACH STATEMENT:**

**INITIALS**

1. I understand that dues are electronically drafted on the 5<sup>th</sup> of each month. In the event of non-sufficient funds, a \$10.00 late fee will be added each month until the account is brought current. \_\_\_\_\_
2. I understand that dues become delinquent after 30 days. At that time, the swimmer will not be allowed to: practice or enter meets, local or out of town. \_\_\_\_\_
3. Any payment returned for insufficient funds will be assessed a \$30 fee. Reimbursement or other arrangements must be made within 20 days to remain eligible to swim. If three insufficient funds payments are returned, you will be required to make all future payments with a money order. \_\_\_\_\_
4. I understand that the team administrator (Lorraine Ruiz) (NOT THE COACH) must be contacted by the 25<sup>th</sup> of the month if the swimmer is leaving the program. **Otherwise, the family will be responsible for all dues until the administrator is notified (December 1<sup>st</sup> is the last day to drop for the season short course season, any drops after that date are responsible for dues through March 31st.** \_\_\_\_\_
5. I understand that No Refunds will be made when swimmers are absent for a prolonged period of time or drop out during the month. All financial obligations must be paid in full when the swimmer rejoins the team after an absence. I understand that if a swimmer requires a medical leave of absence, written request must be sent to the Board of Directors. Leaves of absence may be granted for a period of **not less than 3 months. A \$30.00 administrative fee will be charged to reactivate the swimmer account.** \_\_\_\_\_
6. I understand that I am required to serve in any capacity at swim meets and fund raising events however an "Opt out fee" can be paid in lieu of working. Opt out fees vary depending on the event. \_\_\_\_\_
7. Paying the annual assessment does not excuse me from working a swim meet. \_\_\_\_\_

**I/We understand the financial requirements of membership in EPAP.**

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Questions? Call Lorrain Ruiz at 592-1820 or email [epaplorrain@elp.rr.com](mailto:epaplorrain@elp.rr.com)

## EL PASO AQUA POSSE SWIM CLUB CONSENT FOR MEDICAL TREATMENT/PERMISSION FOR TRAVEL

Swimmer Name: \_\_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Swimmer Name: \_\_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Swimmer Name: \_\_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**In case of emergency and if I cannot be located, please call (list a contact other than parent):**

Name of Person: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

**List the name of any medical conditions your child has:**

\_\_\_\_\_

**List the name of any daily medications your child is taking (for a lengthy period of time):**

\_\_\_\_\_

**Allergies:**

\_\_\_\_\_

I do hereby authorize the authorities of the El Paso Aqua Posse to permit its designated representatives to give consent to a physician and/or hospital for emergency medical and/or surgical treatment when necessary to our daughter/son for sustained injuries or sickness requiring emergency treatment during hours while participating in swim sponsored activities such as educational, social and athletic events, provided such events have an authorized representative of the team present.

It is understood that the team or its representatives do not assume any financial responsibilities for any expenses that might be incurred for emergency treatment and the team will notify us as soon as possible following the emergency, but in no way is treatment to be delayed until notification.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**LIABILITY:** USA Swimming, Border Swimming, El Paso Aqua Posse, the City or County of El Paso will not accept any responsibilities for injuries sustained by any individual, athlete or spectator who is not a duly registered member of USA Swimming. It is understood that the swimmer has a period of no more than fourteen (14) days to return the payment for USA Swimming Registration or the swimmer will not be permitted to participate in any events or practices held by the team.

**ADDITIONAL REMARKS:** Special medication and written instructions must be taken on all out of town trips so that it can be administered as necessary.

I give my permission for my swimmer (s) to travel to out of town swimming competitions with El Paso Aqua Posse and its designated representatives. I give my consent to the above conditions for emergency medical treatment anytime my swimmer (s) travel to out of town swimming competitions.

Signature of Parent \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ ID# \_\_\_\_\_

Primary Insured: \_\_\_\_\_ Effective Date: \_\_\_\_\_

REVISED: 08/09/08

I hereby authorize **EL PASO AQUA POSSE (hereafter referred to as EPAP)** draft my monthly obligation from my bank account on the 5<sup>th</sup> of each month.

\*\*Payments are to begin on \_\_\_\_\_  
(mm/dd/yy)

I understand that this authority is to remain in full force and effect until I notify **EPAP** in writing to cancel it in such time as to afford **EPAP** a reasonable opportunity to act on it. I have the right to stop payment of an automatic payment by notification to **EPAP** (10) business days before my account is to be charged. I further agree that any Payments returned NSF or Unpaid shall be subject to a Return Fee of **\$30.00** and that my account may be electronically debited to recover both the Returned Payment and the Return Fee.

INITIALS \_\_\_\_\_

Bank/Financial Institution Name and Branch:

City:

State:

Zip:

Name of Account Holder

Routing Number: (between these symbols **A A** on the bottom left of your check)

Account Number:

Account Type: (Select One)       Checking       Savings

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EL PASO AQUA POSSE  
P. O. BOX 971321  
EL PASO, TX 79997-1321**

# Job Sign-Up Form

**Social committee – Organize the quarterly social events (Bowling, movies, picnic, annual camping trip, annual banquet etc...)**

**Sponsorship committee – coordinates ad sales for our meets and look for large sponsors**

**Equipment committee – Sells t-shirts, caps and other EPAP items; orders special t-shirts, caps.**

**Laneliner staff – monthly newsletter**

**Swimming official- All USA Swimming officials are volunteers! Our club must have our share of officials to support Border swim meets. Training consists of a 2 – 3 hour class followed by 4 on deck training sessions. You do not need prior swimming experience or experience as an official in other sports. You will be a USA Swimming volunteer and must be USA Swimming registered. The club will reimburse the USA registration fee once you work 2 sessions at your first EPAP meet.**

**Meet committee – Pre meet work, planning and running the swim meet**

**Membership committee – coordinate parent participation and help parents get involved**

**Club board member-**

**Pool board member –**

**I agree to serve on \_\_\_\_\_ committee/board**

**Name \_\_\_\_\_**

**e-mail \_\_\_\_\_**

**Phone \_\_\_\_\_**

**Signature \_\_\_\_\_**