



Ripon Aquatics Center  
304 N. Acacia St.  
Ripon, CA 95336

Office Phone: 599-3859  
www.RiponAquatics.com

## Ripon Aquatics Team Membership Form

### Swimmer's Data:

\_\_\_\_\_ Returning year round \_\_\_\_\_ New year round \_\_\_\_\_ Extended Swim

#1 Swimmer \_\_\_\_\_ Age \_\_\_\_\_ Birth Date: \_\_\_\_\_  
                    First            Middle Initial            Last

\_\_\_ Male \_\_\_ Female USS Registration Number: \_\_\_\_\_

\_\_\_\_\_ Returning year round \_\_\_\_\_ New year round \_\_\_\_\_ Extended Swim

#2 Swimmer \_\_\_\_\_ Age \_\_\_\_\_ Birth Date: \_\_\_\_\_  
                    First            Middle Initial            Last

\_\_\_ Male \_\_\_ Female USS Registration Number: \_\_\_\_\_

### Family Data:

Father's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Swimmer # 1 email: \_\_\_\_\_

Swimmer # 2 email: \_\_\_\_\_



**Financial Commitments:**

- Annual Team Registration Fee (\$25.00 per swimmer)
- Monthly Swim Fees
- USS Registration

**Parent Support Commitments:**

- Parents must assist with timing responsibilities at away meets.
- Participation in the Ripon Aquatics Crab Feed. This event occurs in March of each year and is the team's only fundraiser. Families are required to sell 16 tickets for the Crab Feed, prepare one "themed" basket, which will part of the Crab Feed Raffle, and assist on the evening of the event. (This requirement is non-applicable for extended swimmers.)

**Volunteers**

- Volunteers are welcome. Our team is run at the assistance of parent volunteers. If you are interested in volunteering and have skills in a particular area, please let us know.

**In consideration of the privilege of membership on Ripon Aquatics, I/we, the parents/guardians of the swimmers named above hereby hold the team, and employees free and harmless from any liability for loss, injury or damages they, or our swimmer(s) may incur as a result of participation in team events, activities, including travel to and from such activities, and we assume the team's responsibility for such liability. I/We also agree that, in the event, my/our family's swim fees become delinquent, I/we will pay for all collection costs incurred by Ripon Aquatics, including court costs, if necessary.**

**We have read the above form and understand that the fulfillment of these commitments is necessary for the welfare and the success of Ripon Aquatics Swim Team. We understand that this fulfillment will be conditions for continuance of our swimmer(s) on the team. We all agree to support the Ripon Aquatics program and coaching staff and understand that any behavior that is deemed by the coaching staff to be detrimental to the success, progress, or reputation of the team and coaching staff may be grounds for dismissal.**

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