



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: _____

Pool hours for dropping off registration forms:
Monday through Friday 8 a.m. to 7 p.m.
304 N. Acacia Ave., Ripon, CA 95366 (209) 599-3859



Financial Commitments:

- 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 _____

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