



The Dottie Boreyko/Brophy Sports Campus
Brophy Masters Registration

Date: _____

Swimmer's Last Name, First Name, MI, Date of Birth

Age, Sex (M / F), Years at the club:

Address, City, State, Zip

Home Phone, Office Phone, Mobile Phone

Email

Business, Occupation

- NEW REGISTRATION (please submit payment form/USMS registration/Medical History & Release)
- MEMBER RE-REGISTRATION (please submit payment form and USMS registration only)
- Payment Form (see page 2)
- US Masters Swimming 2008 Athlete Registration
- Medical History and Medical Release Form
- Code of Conduct (must be signed and on file at all times)

Notes:

- If you plan to stop swimming, you must inform the office by the 15th of the month prior.
- You may only freeze for 3 months more or a time, effective September 1, 2004.
- There is absolutely NO swimming outside of practice times. Please see the monthly calendar.

Signature of Swimmer: _____ Date: _____



BROPHY SWIM CLUB MASTERS

The Dottie Boreyko/Brophy Sports Campus
 Brophy Masters Registration
 Fees and Regulations

Annual Fee Per Swimmer \$50 _____
 (to be paid at time of registration)

Monthly Fee:

Masters \$75 _____
Lap Swimming \$50 _____

Monthly Locker Rental Available:

Large (if available) \$20 _____
Medium \$12.50 _____
Small \$7.50 _____

Total \$ _____

All payments are due monthly, no later than the 10th of each month. A \$20 late charge is billed on all balances carried over 30 days. If you wish to stop swimming, you must inform us by the 15th of the month prior. Effective September 1, 2004, you may only freeze for 3 months or more at a time.

Please mark your preferred method of payment:

- Cash _____
- Check # _____ (make checks payable to Brophy College Prep)
- MasterCard – billed automatically
- Visa – billed automatically

_____ / /
 Card Number Exp. Date

_____ / /
 Name as it appears on the Credit Card Signature of cardholder Date

Cardholder is responsible for updating the file when your card expires.

US Masters Swimming 2008 Registration: \$38 _____
 (Fill out attached form and mail a separate check payable to USMS representative)



The Dottie Boreyko/Brophy Sports Campus
Consent For Medical Treatment and Waiver/Release

CONSENT FOR MEDICAL TREATMENT

In event of a medical emergency, the undersigned, hereby grants authorization to the designated school personnel at the Brophy Swim Club to issue first aid, to use his or her judgment in activated the emergency system and to employ any legally licensed physician or healthcare facility on behalf of the undersigned. The undersigned agrees that the personnel at the Brophy Swim Club, shall not be liable under any circumstances to anyone for exercising the forgoing authority in the event of an emergency.

I HAVE READ AND UNDERSTOOD AND I AGREE WITH THE EMERGENCY MEDICAL AUTHORIZATION AS OUTLINED ABOVE AS IT RELATES TO MYSELF OR MY CHILD.

Athlete signature **Date**

INFORMED CONSENT AND WAIVER/RELEASE

I/We, the undersigned want to participate in the Brophy Swim Club programs including, but not limited to the Brophy East Swim Team, the Masters Swim Team, the Lesson Program or Open Lap swimming. I/We realize that even with the best coaching, use of the most advanced safety equipment, and strict observance of the rules, injuries are still a possibility. On rare occasions, the injuries may be so severe as to result in total disability, paralysis, quadriplegia, or even death. I/We understand and acknowledge these risks and I/We have read this warning. With the full understanding of the facts, I/We state, that to the best of my/our knowledge, I/We, the undersigned have no medical, physical, mental or emotional health condition which would hinder or prevent my/our participation in The Brophy Swim Club programs.

I/We hereby assume full responsibility for all risks of injury or loss which may result from my/our participation in these activities and hereby agree to hold harmless, release and forever discharge Brophy's officers, agents and employees for and waive any and all claims and demands whatsoever which the undersigned and any of them or any accident, illness, injury or death of any person and persons, or damage to, loss of or destruction of any property arising or resulting directly or indirectly from my participation in the aforementioned programs and occurring during said participation or any time subsequent. The terms of this release shall serve as a release and assumption of risk for heirs, executors, administrators and me and for my family members.

I/We also understand that photos are occasionally taken at Brophy Swim Club and that any photo taken of myself may be used for Brophy's publicity purposes.

I/WE HAVE READ, UNDERSTOOD AND AGREE WITH THE INFORMED CONSENT AND RELEASE AUTHORIZATION OUTLINED ABOVE AS IT RELATES TO ME OR MY CHILD.

Athlete Signature **Date**



The Dottie Boreyko/Brophy Sports Campus
Brophy Masters Medical History Form

Date: _____

Swimmer's Name _____

#1 Emergency Contact Name	Relation	Phone
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#2 Emergency Contact Name	Relation	Phone
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Family Doctor	Phone	Family Dentist	Phone
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Hospital Preference	Phone
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Insurance Company	Policy Number	Phone
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Medical History

Asthma	yes	no	Taking Medication	yes	no
Diabetes	yes	no	if yes explain: _____		
Epilepsy	yes	no			
Braces on teeth	yes	no	Surgery	yes	no
Wears contacts	yes	no	if yes explain: _____		
Wears glasses	yes	no			
Immunization Current	yes	no	Any allergies	yes	no
			if yes explain: _____		

Please explain any other concerns here: -
