

# BAC MASTERS REGISTRATION FORM

## Registering for (Check all that apply):

Master's Swimming \_\_\_\_\_ Master's Water Polo \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
New Members: Were you referred to BAC by a current member? \_\_\_\_\_ That member's name \_\_\_\_\_

## Athlete Information:

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Preferred Athlete Name \_\_\_\_\_

**Current BAC members: Check box and update information below**

Athlete's E-mail \_\_\_\_\_  
Athlete's Occupation \_\_\_\_\_ Athlete's Daytime Phone (\_\_\_\_) \_\_\_\_\_  
Emergency Contact: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_  
Medical Allergies or Conditions: \_\_\_\_\_

## Insurance:

### Insurance:

**WATER POLO:** All water polo athletes are required to be registered with USA Water Polo prior to the start of the first practice. If you are a current USWP member, please list your membership information below. If you are not a current member or if your membership will expire during the upcoming season, visit [www.usawaterpolo.com](http://www.usawaterpolo.com) and click on "Join USA Water Polo."

USWP Membership # \_\_\_\_\_ Memb. Exp. Date (Mo/Day/Yr.) \_\_\_\_/\_\_\_\_/\_\_\_\_

**SWIMMING:** All swimmers are required to be registered with US Masters Swimming prior to the start of the first practice. If you are a current US Masters Swimming member, please list your membership information below. If you are not a current member or if your membership will expire during the upcoming quarter, you need to pay the annual registration fee associated with the specific program(s) you are registering for.

US Masters Swim. Memb. # \_\_\_\_\_ Memb. Exp. Date (Mo./Yr.) \_\_\_\_/\_\_\_\_

## Medical Treatment Authorization:

I/ \_\_\_\_\_ authorize the **Burlingame Aquatic Club, Inc.** and its agents to ensure my well being.

\_\_\_\_\_  
(Signature of Athlete)

\_\_\_\_\_  
(Date)

## Informed Consent and Release:

I wish to attend BAC's Aquatic Program(s) and certify that I am in good health and able to participate in the program activities. In further consideration of the **Burlingame Aquatic Club** accepting this application, I hereby agree to save and indemnify and keep harmless **Burlingame Aquatic Club, Inc.**, its agents, directors, and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course given the applicant of BAC's Aquatic Program(s).

\_\_\_\_\_  
(Signature of Athlete)

\_\_\_\_\_  
(Date)

## Send Completed Application + Dues to:

B.A.C., Inc. - Program Registration  
P.O. Box 281  
Burlingame, CA 94010

## Credit Card (only if your card is not currently on file)

Total Payment: \$ \_\_\_\_\_ (Program + Any Reg. Fees)  
Visa/MasterCard: Exp. Date \_\_\_\_/\_\_\_\_  
Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Quarterly Credit Card Payment - Automatic Payment Authorization:

I/ \_\_\_\_\_ authorize **Burlingame Aquatic Club, Inc.** to bill my credit card on a quarterly basis for the program(s) indicated on this form.

\_\_\_\_\_  
(Signature of Cardholder)

\_\_\_\_\_  
(Date)