

# LAKE CHAMPLAIN WAVES

## 2010 Fall REGISTRATION FORM FOR SWIMMERS

(Sept. 8<sup>th</sup> to Nov. 22<sup>nd</sup> Mon/Wed/Thur 6-8 pm or 6-7 pm)

**Swimmer's Name** \_\_\_\_\_

- Returning Waves Swimmer – Birth Certificate not required.
- New Swimmer to LC Waves – See Checklist below for requirements.

Swimmer's Date of Birth: \_\_\_\_\_

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

Name(s) of Parent(s): \_\_\_\_\_

Address (if different): \_\_\_\_\_

**Phone numbers:** (Complete)

Swimmer's: home \_\_\_\_\_ Swimmer's cell \_\_\_\_\_

Parent's work: \_\_\_\_\_ Parent's cell : \_\_\_\_\_

Parent's work: \_\_\_\_\_ Parent's cell : \_\_\_\_\_

Swimmer's E-mail: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

(Please print clearly)

(Please print clearly)

Parent's Signature: \_\_\_\_\_

**Checklist - If you have not swum with the WAVES before you must submit the following information:**

- Birth certificate or Passport Only State or County certificates are acceptable. **Hospital issued certificates are Not Acceptable**
- **Master swimmers** must submit proof of MASTER swimmer membership and a valid birth certificate or passport.

**OPTIONAL:** Race & Ethnicity – USA Swimming collects data which is voluntarily submitted by athletes

African-American   
  Asian   
  Native American or Alaskan Native   
  Other  
 Caucasian   
  Hispanic or Latino   
  Native Hawaiian or Pacific Islander

**A swimmer who is transferring from another team and who has an active registration for USA for the current year must submit a signed and dated transfer form. Please see Registrar.**

**2010 WAVES fees. (Circle your preferred plan)**

**Plan A = \$155.00** 2 Hours/3 nights a week

**Plan B = \$80.00** 1 Hour/3 nights a week  
(Developmental swimmers)

**Fall Session = Sept. 8<sup>th</sup> to Nov. 22<sup>nd</sup>. Monday, Wednesday, and Thursday nights 6-8 pm or 6-7 pm for developmental swimmers.**

Waves Season Fee (from left)	\$ _____
USA Registration \$65.00 (does not apply to Masters)	+ _____
<b>Total</b>	\$ _____

**Return registration form and payment directly to a Coach or Registrar:**

Lake Champlain WAVES Swim Club  
P.O. Box 2452  
Plattsburgh, New York 12901

**Questions?** lcwaves@hotmail.com

Make check payable to the **Lake Champlain WAVES.**  
Total amount of check must include USA registration fee and 2010 WAVES fee.