



# Brownsville Independent School District

## Member Registration Form



**Program:** \_\_\_\_\_ Wellness Swimming  
 Mon.-Fri 6:00-8:00 A.M.  
 12:00-2:00 P.M.  
 6:00-8:00 P.M.

**Program:** \_\_\_\_\_ Water Exercise/Aerobics  
 Mon.-Thurs. \_\_\_ 6:15 - 7:00 A.M.  
 \_\_\_ 5:00 - 5:45 P.M.  
 \_\_\_ 6:00 - 6:45 P.M.  
 \_\_\_ 7:00 - 7:45 P.M.

Community \$30.00 Discount \$25.00 BISD Employee \$20.00

Community \$25.00 Discount \$20.00 BISD Employee \$15.00

Participant Name: \_\_\_\_\_

(Must be 13 yrs or older)

Address: \_\_\_\_\_ Make-Model/ License Plate# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

Please note any physical/medical issues or allergies: \_\_\_\_\_

***Special Participant Note:*** This application entitles the participant to membership and limited access to the Margaret M. Clark Aquatic Center for the Community Program in which the applicant is a participant. The access is limited to the designated times for the Community program in which the applicant has requested membership. In addition, access may be limited if, BISD programs/competitions conflict with the Community Program schedule. Applicant understands that it will not be entitled to any refunds due to limited access. All membership fees must be paid by the due date. For the safety and well being of all patrons all changes to this application must be done so within 24 hours. **This privilege is pursuant to Section III, Subsection A: Special Events of the B.I.S.D. Community Access Package approved by the B.I.S.D. School Board on 5/22/02.**

***I understand that by paying all fees related to any Aquatic Center Program being recreational, competitive or educational I will not be entitled to any make-ups or refunds.***

*For Office Use only:*

Receipt # \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Due Date: \_\_\_\_\_ Form of Pmt.: \_\_\_\_\_ Date Pd.: \_\_\_\_\_

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Receipt # \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Due Date: \_\_\_\_\_ Form of Pmt.: \_\_\_\_\_ Date Pd.: \_\_\_\_\_

Raptor System Clearance by: _____	Registered on: _____
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**Brownsville Independent School District**  
*Margaret M. Clark Aquatic Center*

**Medical Release Form**

I hereby authorize Margaret Clark Aquatic Center to provide me with medical care and treatment and emergency medical services associated with participation in this program. In addition, I agree to pay all costs associated with my medical treatment or transportation. I further authorize the release of any medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while participating as a member of the Margaret Clark Aquatic Center Aquatic Program.

I understand and appreciate that my participation in aquatics carries a risk of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk.

The undersigned, parent or legal guardian of \_\_\_\_\_ represents he/she is in fact acting in such capacity and agrees to save and hold harmless Brownsville Independent School District, Margaret Clark Aquatic Center or their respective coaches, officers, directors, agents, representatives, or employees for any and all damages that may be sustained or suffered by me in connection with, or arising out of my traveling to , participating in, and returning for any Margaret Clark Aquatic Center program. I also agree to indemnify and hold harmless the Brownsville Independent School District, Margaret Clark Aquatic Center and all related entities for any damages incurred arising from any claims, demand, action or clause of action by participant.

In the event I am injured or should require medical attention, I hereby authorize Margaret M. Clark Aquatic Center to contact the physician listed on registration form. In the event the doctor cannot be reached, I hereby authorize the coach or a Margaret M. Clark Aquatic Center representative to secure necessary medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment, by calling me at the number listed on the registration form. In case I cannot be reached, or in case of emergency, medical treatment as described may proceed without authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: If participant is under age, the PARENT or GUARDIAN must sign the following waiver:**

This is to certify that I as parent/guardian of \_\_\_\_\_ , participating in Margaret M. Clark Aquatic Center aquatic programs, give my consent to Margaret M. Clark Aquatic Center and its representatives to obtain medical care from any licensed physician, hospital or clinic for the above mentioned, for injury that could arise from participation in these programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Brownsville Independent School District  
*Margaret M. Clark Aquatic Center*

Emergency Card

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Number: \_\_\_\_\_

Please note any physical/medical issues or allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_