

Welcome to WEST Masters where adult swimmers of all levels participate. All sessions are guided by a professional coach customized to fit your needs. Practice sessions involve stroke and skill development, progressive interval training, camaraderie, fitness, fun and a lot of motivation!

Participants abilities range from beginning lap swimmer to skilled, competitive swimmers and tri-athletes. Swimmers at all levels will be provided individual assistance as they develop skills in all four competitive strokes.

Though participants are part of a team, involvement in competitive meets is not a requirement if it does not fit into a swimmer's goals. Participation in competition can be a fun and rewarding aspect of masters swimming and will be available to all levels of swimmer.

Our masters team members measure their progress in various ways including capacity to swim further and more efficiently, competition, increased fitness and mostly by having fun!

Training Fees

Monthly training fee includes all scheduled masters workouts and unlimited lap swims

\$60.00/month*

\$80.00/month* - 1 masters swimmer and WEST family pass

\$140.00/month* - 2 masters swimmers and WEST family pass

\$8.00 Drop-in Fee

\$75 - 10 Session Punch Card

**\$60.00 annual team registration includes US Masters registration & WEST Team T-Shirt.*

Training Schedule

Mill Creek

Mon • Wed • Fri

9:00 – 10:30 AM

Tue • Thur

8:10 – 9:30 PM

Carole Ann Wald Memorial Pool

Mon • Wed • Fri

6:00 – 7:00 AM

Sun

9:00 – 10:00 AM

To Register:

Complete registration form in its entirety and return along with a first months training fee and team registration to West Coast Aquatics.

masters swim registration

Swimmer's: Last: _____ First: _____ Middle: _____

Address: _____ City: _____ Zip: _____

Preferred Name: _____ Birth date: _____ Sex: M F

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____

Emergency Contact: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Select Monthly Billing Type:

1 Master / \$60.00/month 1 Master/Family Pass / \$80.00/month 2 Masters/ Family Pass / \$140.00/month

Team T-shirt (circle size selection): **Adult: S M L XL**

DISABILITY

- _____ Legally blind or visually impaired
- _____ Deaf or hard of hearing
- _____ Physical disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
- _____ Cognitive disability such as mental retardation, autism, severe learning disorder

ETHNICITY

- _____ African American
- _____ Asian or Pacific Islander
- _____ Caucasian
- _____ Hispanic
- _____ Native American
- _____ Other
- _____ Decline

MEDICAL INFORMATION

Regular Medications (please list): _____

Medication Allergies (please list): _____

Do you have any specific health problems the staff should be aware of? (vision or hearing loss, seizures, allergies, etc.). If yes, please

explain: _____

Have you had or do you currently have any serious medical condition(s) which could

Influence medical care? If yes please explain: _____

Physician's Name: _____ Phone: _____

Medical insurance: _____

Policy Number: _____ Membership Number: _____

I hereby release West Coast Aquatics, it's officers, coaches, and/or representatives from any liability which may arise out of my participation in any of said club's activities, games, practices, or transportation to or from such events, and to hold said team and club, it's officers, coaches, and/or representatives harmless from any expense or claim for damages which may be incurred on my behalf for any injury, illness, or accident which may occur in connection with my participation herein.

Signed: _____ Date: _____

Office Use Only:	Amount	Received
Date: _____ Check# or Credit Card Type: _____	Received: _____	By: _____