



2026 REGISTRATION AND INSURANCE RELEASE FORM

In-Person Registration Event: April 25, 2026 from 9am-12pm at the Antioch Public Library District.

Practices: Practice schedules and times will be posted on the website (<https://antiochwaves.org>)as they vary by date. The practice level for each swimmer is to be determined by our coaching staff. Practices will begin on 6/1/2026.

Meets: All meets will take place on Wednesday evenings. A calendar will be provided on our website with specific Swim Meet dates when we get closer to our season.

Parent Meeting: A mandatory parents' informational meeting on Zoom will be held prior to the season starting. A link for the meeting will be emailed to the address provided prior to the meeting.

Fees/ Registration:

Fees include team participation, professional coaching, insurance, a t-shirt, a swim cap, and awards. There is a reduced rate if paying by check or cash. If unable to attend registration, please mail in your registration with payment prior to 6/2/25 to:

Antioch Waves

P.O. Box 402

Antioch IL. 60002

Refunds: If your child drops from this program prior to June 1st, the registration fee less \$50 will be refunded. There will be NO REFUNDS given after June 1st unless the coach and board deems the swimmer is not ready to compete on the team.

Communication: We use email and the Remind app for communication.

Sponsorship: Check our website for details about sponsorship opportunities for businesses.



REGISTRATION FORM PAGE 1

FAMILY NAME: _____

Please fill out the names & phone numbers below as you would like to be listed on the team roster. An e-mail address is required.

PARENT NAMES:	HOME PHONE:	ALTERNATE PHONE (work/cell):
1.	1.	1.
2.	2.	2.
	E-MAIL ADDRESS:	
	1.	2.
SWIMMERS' ADDRESS:	CITY:	STATE & ZIP CODE:
EMERGENCY CONTACT:	HOME PHONE:	ALTERNATE PHONE (work/cell):
		FOR AWARD PURPOSES: 1st YEAR WAVES? WHAT YEAR?
SWIMMERS' NAMES:	GENDER BIRTHDATE	
1.	M F	Yes No
2.	M F	Yes No
3.	M F	Yes No
4.	M F	Yes No
HEALTH INSURANCE CARRIER:	PHYSICIAN:	PHONE:

LIST ANY CURRENT INJURIES OR MINOR PHYSICAL LIMITATIONS (BONE OR SOFT TISSUE INJURIES, ALLERGIES, BREATHING DIFFICULTIES, ETC.) OR ANY MEDICAL CONDITIONS THAT THE COACHES SHOULD BE MADE AWARE OF:

By initialing here you agree to the team handbook and concussion procedure (found at <https://antiochwaves.org/registration>)and to the above terms for registration and refunds.

IN THE EVENT OF ACCIDENT, INJURY, OR SUDDEN ILLNESS I HEREBY AUTHORIZE NEEDED MEDICAL TREATMENT BY A PHYSICIAN AND/OR HOSPITAL.

SIGNATURE of Adult Participant _____ DATE _____
(18 years or older) or Parent Guardian



Antioch Waves Swim Team

antiochwavesswimteam@gmail.com

Antioch Waves

P.O. Box 402

Antioch IL 60002

T-SHIRTS: (Please fill out below)

NAME OF SWIMMER: _____

T-SHIRT SIZE (CIRCLE ONE): **YS YM YL AS AM AL AXL**

NAME OF SWIMMER: _____

T-SHIRT SIZE (CIRCLE ONE): **YS YM YL AS AM AL AXL**

NAME OF SWIMMER: _____

T-SHIRT SIZE (CIRCLE ONE): **YS YM YL AS AM AL AXL**

Additional T-Shirts for family and friends to show support are available for purchase at a cost of \$20 per shirt. Please list quantity and sizes desired below:

FEES:

FAMILY NAME: _____

FIRST SWIMMER (CIRCLE ONE):

In-person or postmarked prior to April 25 - \$230 (cash/check) \$240 (credit card) Registration April 26-June 1 - \$250 (cash/check) \$260 (credit card) Additional swimmer \$200 (cash/check) \$210 (credit card) Late Entry (after June 1) - \$270 (cash/check) \$280 (credit card) Extra Shirts - \$20

NUMBER OF ADDITIONAL SWIMMERS: _____ X \$200 (cash/check) or \$210 (credit card)

ADDITIONAL SHIRTS: _____ X \$20

FEE TOTAL: _____

OFFICE USE ONLY

SEASON TOTAL: _____

PAYMENT

PAID: CASH _____ CHECK # _____ CREDIT CARD _____ AMOUNT PAID _____ DATE
PAID _____