

**Tennessee Aquatic Project and
Development Group, Inc.**

1309 Jackson St.
Nashville, TN 37208
(615) 321-3060

Email: kstewart@tennesseeaquaticproject.org

Application for Membership

Registration Fee: \$75:00 (1st child), \$45:00 (each additional child)

Date _____

Last Name _____ MI _____ First _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Date of Birth _____

Name of School Attending _____

Current grade _____ Grade Point Average _____

(Returning TAP members must attach their last report card, spring semester '08 to this application)

Hobbies _____

Parent(s)/Guardian Information check box (if we may share with other TAP members)
All information is for contact purposes only.

Last Name _____ MI _____ First _____

Last Name _____ MI _____ First _____

Address (If different than above) _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Cell _____ Pager _____

Email _____ Email _____

Medical Information

Childs Primary Physician _____ Phone _____

Medical Insurance Co _____ Policy # _____

Please check all that apply.

Has your child ever had or have;

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Collapsed lung
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Frequent headaches
<input type="checkbox"/>	<input type="checkbox"/>	Chronic ear infections	<input type="checkbox"/>	<input type="checkbox"/>	Unexplained dizziness
<input type="checkbox"/>	<input type="checkbox"/>	Ruptured Ear Drum (Previous 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	Fainting episodes
<input type="checkbox"/>	<input type="checkbox"/>	Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	Any transmittable diseases (Excluding measles, mumps, etc)

Explain any yes answer(s)

Allergies (Including medications)

Emergency contact person

Name _____ Phone _____

Name _____ Phone _____

TAP Media Release Form

From time to time TAP activities may be photographed, video taped, filmed and or recorded. This is done to satisfy many needs from cataloging activities to promotional pieces for media and/or fund raising.

If for any reason you do not wish your child's image to appear in any TAP publications/media productions, please indicate your preference from statements below. Any image or likeness used is the sole property of TAP and its subsidiaries.

Accept

I/We _____ & _____ grant consent to TAP and its subsidiaries to use any image or likeness of _____, for the purposes stated above.

Decline

I/We _____ & _____ deny consent to TAP and its subsidiaries to use any image or likeness of _____ for the purposes stated above.

Signed _____ Date: _____

Signed _____ Date: _____

TAP Student Guidelines Acknowledgment

I/We _____

acknowledge receipt of and have read and understood the TAP Student Guidelines.

Students Signature _____

Parents Signature _____

Date _____