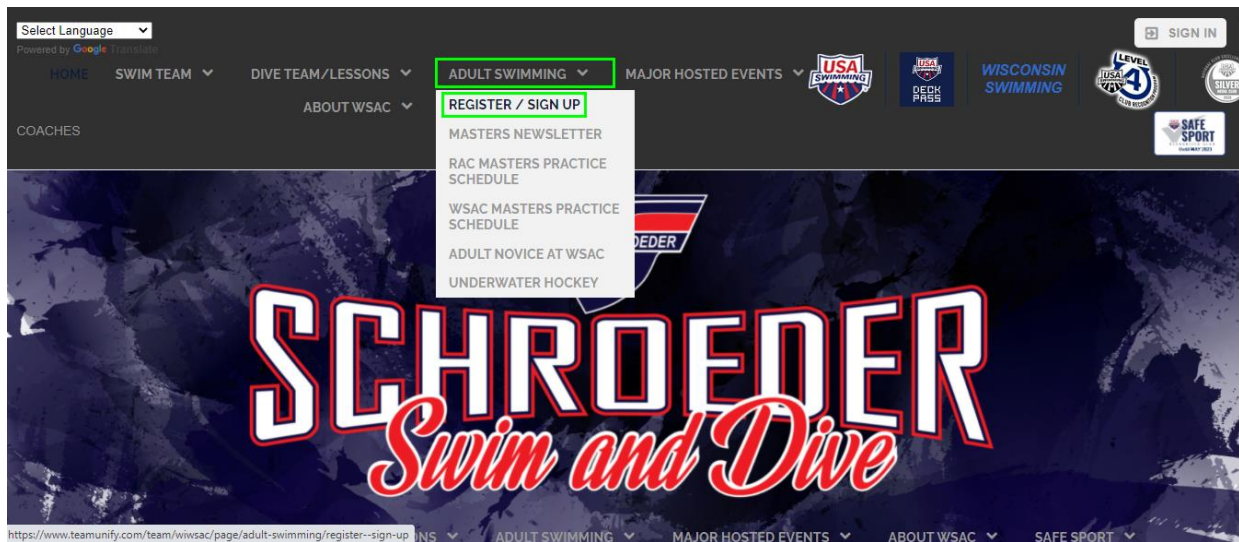
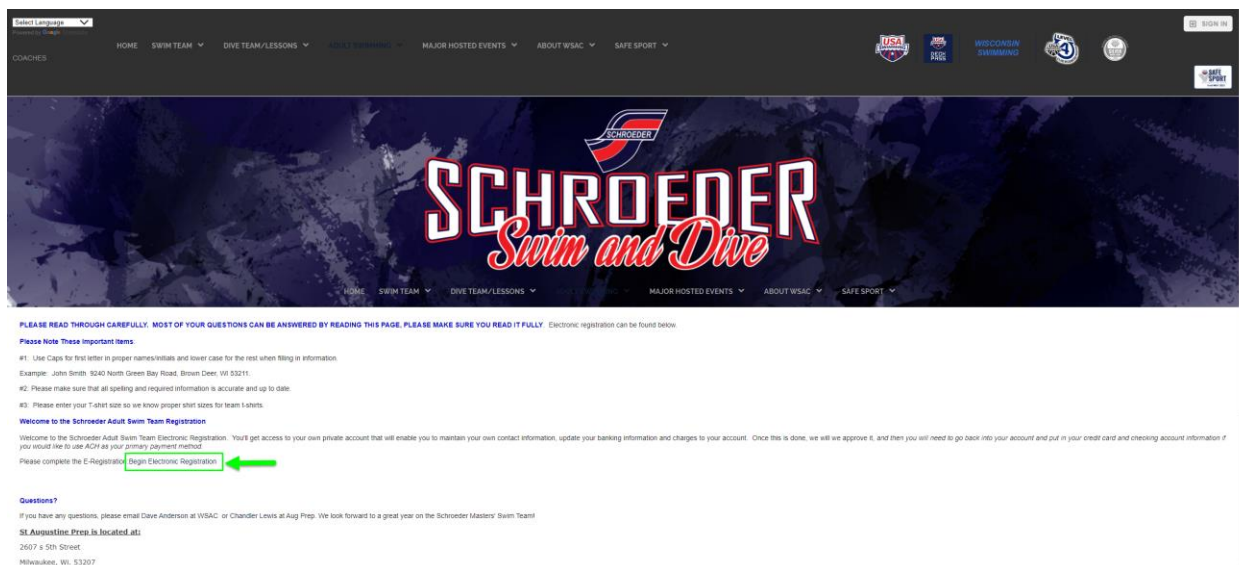


How to register for the TriWisconsin swim workouts at the Walter Schroeder Aquatic Center

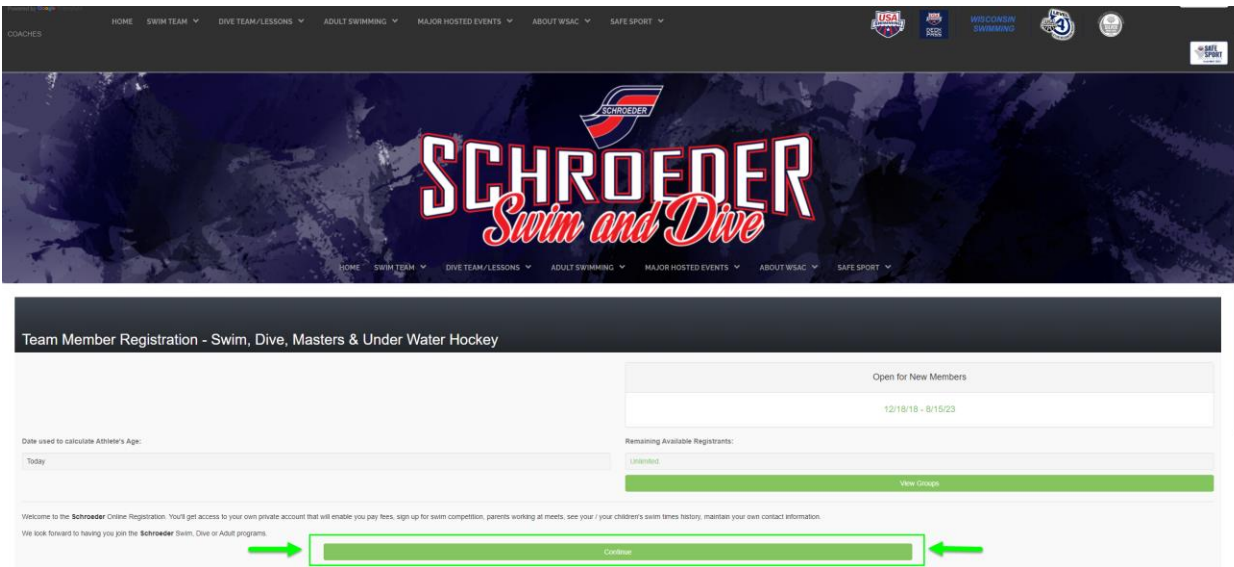
- 1) Using your web browser, navigate to the [Walter Aquatic Center](#) home page and select menu option “[Adult Swimming](#) → [Register/Sign-up](#)”



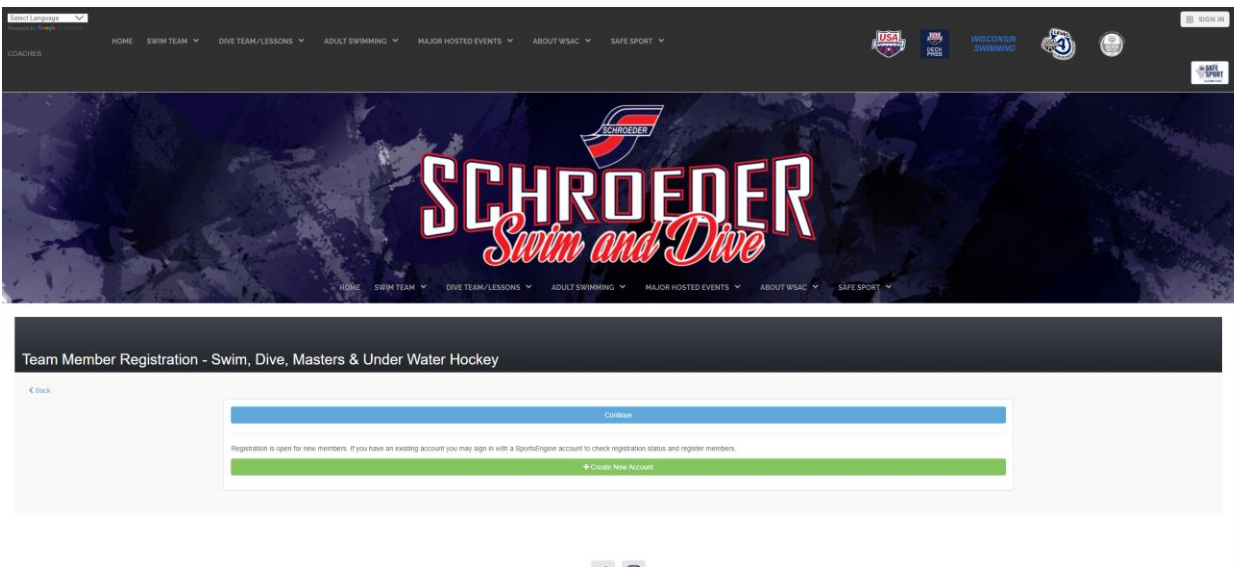
- 2) In the middle of the Registration instructions page select the link “[Begin Electronic Registration](#)”



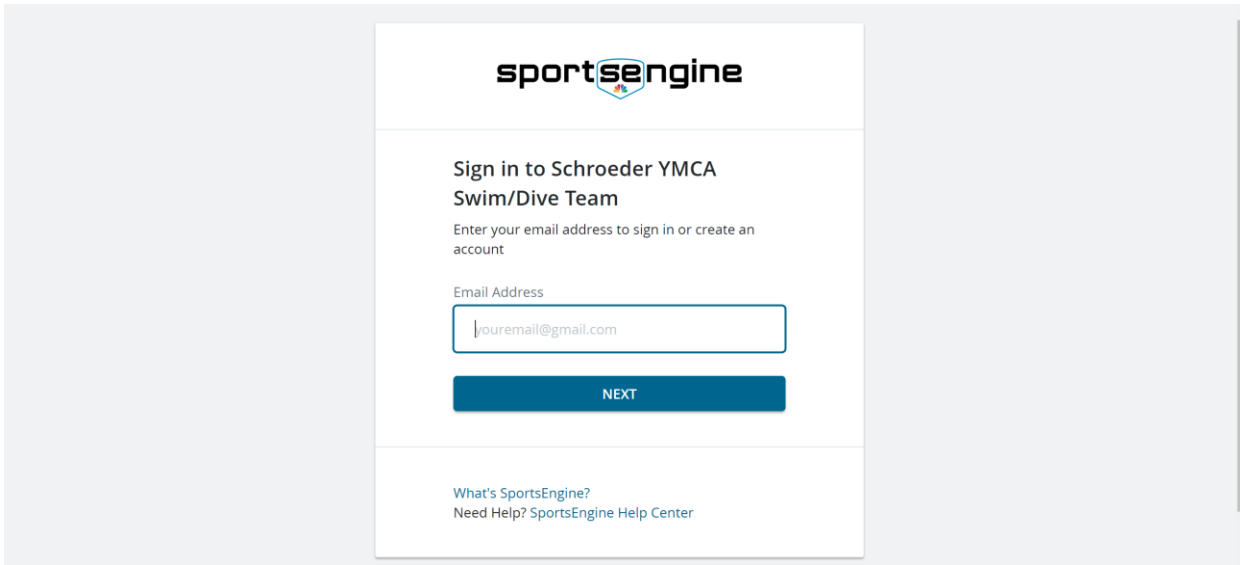
3) Select "Continue" on the Team Member Registration page.



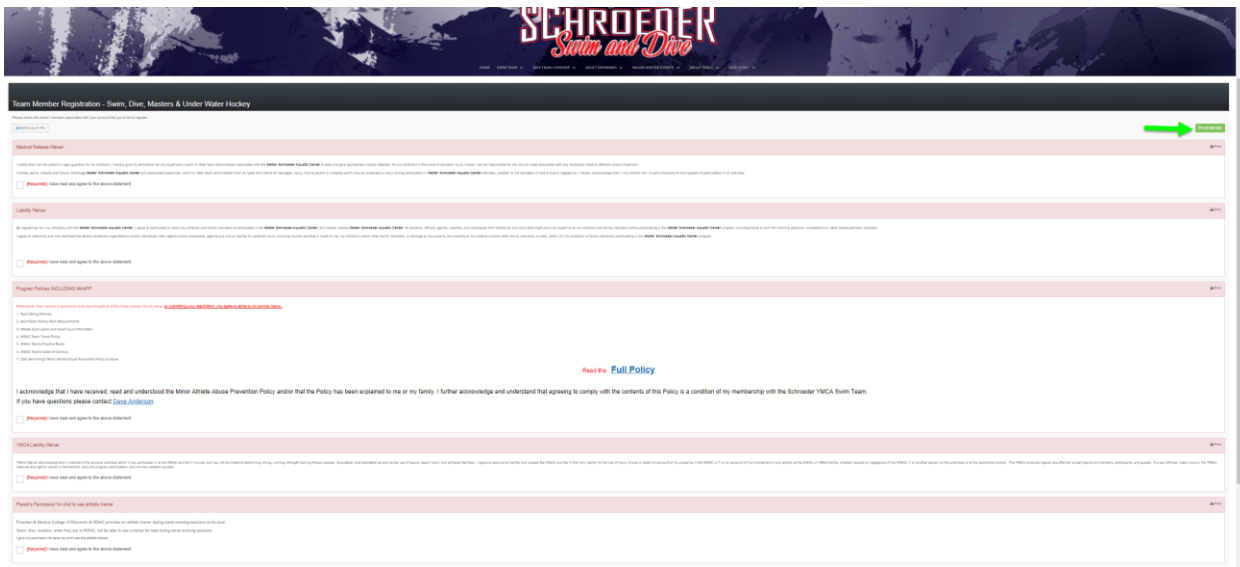
4) If you do not already have an account with the Walter Schroeder Aquatic Center select "Create New Account" to create an account. Otherwise, select "Continue"



5) Once you have successfully created an account you will be asked to (re) login to your account.



6) On the "Team Member Registration" page, first select the green "+ Add Member" button found on the far right side of the webpage.







- 7) When adding the team member information you need only input the information that has a red asterisk (*). Be sure to specify the following at the bottom of the webpage:
- a. School Attending = n/a
 - b. Location = Walter Schroeder Aquatic Center
 - c. Are you transferring from another team = No
 - d. Register to this Group = TriWisconsin Triathlon Team

Add New Member ✖

*Legal First Name <input type="text"/>	*Middle Name <input type="text"/> <input type="checkbox"/> This member has no middle name	*Legal Last Name <input type="text"/>	Preferred First Name <input type="text"/>
*Gender Select... <input type="button" value="v"/>	Athlete's Cell Phone <input type="text"/>	*Birthday (MM/DD/YYYY) <input type="text"/>	Age (on 12/19/2021) ---
Swimsuit Size Select... <input type="button" value="v"/>	*Shirt Size Select... <input type="button" value="v"/>	Jacket Size Select... <input type="button" value="v"/>	Pants Size Select... <input type="button" value="v"/>
Physician Name <input type="text"/>		Physician Office Phone <input type="text"/>	
Medical Information/Notes <input type="text"/>			
Medication <input type="text"/>			

Physician Name <input type="text"/>		Physician Office Phone <input type="text"/>	
Medical Information/Notes <input type="text"/>			
Medication <input type="text"/>			

*School Attending n/a 	
*Location Walter Schroeder Aquatic Center 	*Are you transferring from another team? NO 
*Register to this Group View Details TriWisconsin Triathlon Swim 	

8) After adding a team member (step #7) Accept all the Waivers

Team Member Registration - Swim, Dive, Masters & Under Water Hockey

Please check the known members associated with your account that you'd like to register.

[Edit Account Info](#) [+ Add Member](#)

Ted Shue

Medical Release Waiver [Print](#)

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the **Walter Schroeder Aquatic Center** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **Walter Schroeder Aquatic Center** and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Walter Schroeder Aquatic Center** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that I / my children am / is (are) physically fit and capable of participation in all activities.

[Required] I have read and agree to the above statement

Liability Waiver [Print](#)

By registering me / my child(ren) with the **Walter Schroeder Aquatic Center**, I agree to participate (or allow my child(ren) and family members to participate) in the **Walter Schroeder Aquatic Center**, and hereby release **Walter Schroeder Aquatic Center**, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Walter Schroeder Aquatic Center** program, including travel to and from training sessions, competitions or other scheduled team activities.

9) After accepting all the waiver click “Continue”, review your submitted information on the subsequent webpage and select “Submit Registration” to complete the registration process. A confirmation screen will appear and a confirmation email will be sent to you.

7. USA Swimming's Minor Athlete Abuse Prevention Policy is below

[Read the Full Policy](#)

I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy and/or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with the Schroeder YMCA Swim Team.

If you have questions please contact [Dave Anderson](#)

[Required] I have read and agree to the above statement

YMCA Liability Waiver [Print](#)

YMCA Waiver acknowledgment I understand the physical activities which I may participate in at the WSAC and the Y include, but may not be limited to Swimming, diving, running, strength training fitness classes, racquetball, and basketball as well as the use of sauna, steam room, and whirlpool facilities. I agree to assume all liability and release the WSAC and the Y from any liability for the risk of injury, illness or death on account of my presence in the WSAC or Y or on account of my involvement in any activity at the WSAC or YMCA facility, whether caused by negligence of the WSAC, Y or another person on the premises or at the sponsored activity. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel a membership, and end program participation, and remove visitation access.

[Required] I have read and agree to the above statement

Parent's Permission for child to see athletic trainer [Print](#)

Froedtert & Medical College of Wisconsin & WSAC provides an athletic trainer during some evening sessions at the pool.

Swim, dive, masters, when they are at WSAC, will be able to see a trainer for help during some evening sessions.

I give my permission to have my child see the athletic trainer.

[Required] I have read and agree to the above statement

[Go Back](#) [Continue](#)



Team Member Registration - Swim, Dive, Masters & Under Water Hockey

Please confirm the account information we have on file before registering your account

Account Info


Ted Shue

Emergency Contact

Secondary Emergency Contact

[Edit Account Info](#)

Registration Fees [Add/Edit Members...](#)

Athlete to be registered	Group	Birthdate	Age	Gender	Fees
Ted Shue 	Tri/Wisconsin Triathlon Swim	09/05/1969	52	Male	Reg \$0.00

Subtotal: \$0.00
Total: \$0.00

The member(s) you are registering will be put on a wait list until your check is received. Please remit as soon as possible.

Checks may be made out to:

WSAC
3240 N Green Bay Road
Brown Deer, WI 53209
☎ 4148390448

[Back](#)

[Submit Registration](#)