

**6:30-7:30p.m.**

**Swim Team**

**AKRUG AQUATIC CLUB, INC.**

**REGISTRATION FORM**

**OCTOBER TO MARCH**

**2021-2022**

1. SWIMMER'S NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_
2. SWIMMER'S NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_
3. SWIMMER'S NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**PARENTS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Phone:** (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

(BUSINESS) \_\_\_\_\_ (EMERGENCY) \_\_\_\_\_

**MEDICAL PROBLEMS:** \_\_\_\_\_

( EX. SEIZURES, ASTHMA, HEART DISEASE, DIABETES, ETC.)

1. I hereby authorize any representative of the Akrug Aquatic Club, Inc. to have the above-named minor(s) treated in any medical emergency during their participation in the Akrug Aquatic Club program.

2. I agree not to hold William Paterson University, Akrug Aquatic Club, Inc. team members or coaches responsible for any accidents or other such occurrences.

3. I consent to the use of images and/or videos of the above-named minor(s) for Akrug Aquatic Club, Inc. marketing purposes.

**SIGNED;** \_\_\_\_\_ **DATE:** \_\_\_\_\_