

6:00-6:30p.m.
AKRUG AQUATIC CLUB, INC.
REGISTRATION FORM SEPTEMBER TO MARCH
2023-2024

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: _____