

**AKRUG AQUATIC CLUB, INC.**  
**Learn to Swim / Stroke Clinic**

**MARCH TO MAY**  
**2024**

**Please circle which group:**  
**(4:30 - 5:30 PM) or (5:30 - 6:30 PM)**

- 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:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**(HOME)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_  
**(BUSINESS)** \_\_\_\_\_ **(EMERGENCY)** \_\_\_\_\_

**MEDICAL PROBLEMS:** \_\_\_\_\_  
**( EX. SEIZURES, ASTHMA, HEART DISEASE, DIABETES, ETC.)**

**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. In addition, we agree not to hold William Paterson University, Akrug Aquatic Club, Inc., team members or Coaches responsible for any accident or other such occurrences.**

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