

AKRUG AQUATIC CLUB, INC.
Swim Team / Senior Team

MARCH TO MAY
2024

Please circle which group:
(6:30 - 7:30 PM) or (6:00 - 7:30 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:** _____