

**Please circle your time slot:**  
**(Pre-Swim Team 6:00-6:30), (Swim Team 6:30-7:30),**  
**or (Senior Team 6:00-7:30p.m.)**

**AKRUG AQUATIC CLUB, INC.**  
**REGISTRATION FORM**  
**SEPTEMBER TO MARCH**  
**2024-2025**

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: \_\_\_\_\_

