



AAS GENERAL EVENT REGISTRATION FORM

Swimmer's Name: _____ Age: _____ DOB: ____ / ____ / ____

Home Address: _____ City: _____ Zip: _____

Mother's Name: _____ Contact #: _____

Father's Name: _____ Contact#: _____

Primary Email: _____

*Emergency Contact Name: _____ Phone #: _____

How did you hear about us? _____

2021 Summer Programs

_____ Summer Monthly Sessions – Circle 1-3 Months: June ★ July ★ Aug ★
Tuesdays – 5:00-7:00pm - \$90 per month

_____ Summer Monthly Sessions – Circle 1-3 Months: June ★ July ★ Aug ★
Saturdays – 10:00-11:00am - \$70 per month

Circle any previous experience: Gymnastic Dance Swim Team Synchro Events Synchro Team

MEDICAL INFORMATION OR ALLERGIES: _____

Waiver: As a parent or guardian of the above participant, I grant permission for the participation in the Arizona Aqua Stars (AAS) Synchronized Swimming Clinics, Camps, Classes, competitions and any other activities organized. I understand that there may be risks of physical injury or death to the participant, and I waive, release, discharge and hold harmless AAS from all claims for injuries. I give consent for emergency medical treatment. I give AAS permission to call my Emergency Contact if I cannot be reached.

Parent Name

Parent Signature

____ / ____ / ____
Date

Official Use Only

Total Fee: _____ Cash or Check # _____ Collected by: _____