



**AAS GENERAL EVENT REGISTRATION FORM**

Swimmer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact#: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

\*Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please check the Program you are registering for:

**Introductory Program**

\_\_\_\_\_ Summer Monthly Session – Circle 1-3 Months: June ★ July ★ Aug

\_\_\_\_\_ Try Synchro with the Stars (1 hr) - Circle Date: June 1 ★ July 6 ★ Aug 3

\_\_\_\_\_ Fall League Classes – Sept 9-Oct 23, Mon & Wed 5:30-7:00pm

**Yearly Program**

\_\_\_\_\_ Novice / Recreational (2 practices per week)

\_\_\_\_\_ Intermediate Team (3 practices per week)

\_\_\_\_\_ Competitive Team (3-4 practices per week)

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: \_\_\_\_\_