



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 #: _____

Please check the Program you are registering for:

Introductory Program

_____ Summer Monthly Session – Circle 1-3 Months: May ★ June ★ July

_____ Try Synchro with the Stars (1 hr) - Circle Date: May 12 ★ June 2 ★ July 7 ★ Aug 4

Yearly Program

_____ Novice / 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: _____