

AAS GENERAL EVENT REGISTRATION FORM

Swimmer's Name:		Age:	_ DOB:_	/		
Home Address:		City:		Zip:		
Mother's Name:	(Contact #:				
Father's Name:	(Contact#:				
Primary Email:						
	ergency Contact Name: Phone #:					
	?					
Please check the Program y						
Introductory Program						
	- Saturday, July 29, 2023 – 9 Water (Goggles & Noseclips			imsuit,	Bring Towel,	
	p – Tues & Thurs , August & Sunscreen & Water (Goggles					
Yearly Programs						
🛨 Intermediate T	Γeam (2x a week – Tues & T	Thurs - 5:00-	7:00pm - \$1	30 mo.))	
🛨 Age Group Te	am (3x a week – Tues, Thur	-5:00-7:00	pm & Sat 8	-10am	- \$155 mo.)	
\star Masters Team	(18&Over) (2x a week – W	ed 6-8pm &	Sat 8-10am	- \$135	mo.)	
-	ee: Gymnastic Dance Swim ON OR ALLERGIES:	•				
Aqua Stars (AAS) Synchroniz organized. I understand that the discharge and hold harmless A	an of the above participant, I g zed Swimming Clinics, Camps here may be risks of physical in AAS from all claims for injurie my Emergency Contact if I can	Classes, com njury or death s. I give conse	petitions and to the partici ont for emerg	any oth	ner activities d I waive, releas	
Parent Name	Parent Sign	ature			Date	
	Official Use O	<u>only</u>				
Total Fee:	Cash/Check/Venmo	Coll	ected by:			