

# 2016 APPLEWOOD ATHLETIC CLUB SWIM TEAM REGISTRATION

LAST NAME	FIRST NAME	SEX (M or F)	BIRTHDATE	AGE AS OF 5/15/2016	RETURNING SWIMMER
		M / F			YES / NO
		M / F			YES / NO
		M / F			YES / NO
		M / F			YES / NO

**PLEASE PRINT LEGIBLY AND LIST ANY EMAIL/CELL NUMBERS (FOR TEXT MESSAGE ALERTS) THAT SHOULD BE ON OUR COMMUNICATION LIST**

<b>ATHLETE ADDRESS</b>			
<b>ATHLETE EMAIL (Upper Division Swimmers)</b>		<b>ATHLETE CELL</b>	
<b>PARENT/GUARDIAN #1 NAME</b>		<b>PARENT #1 CELL</b>	
<b>EMAIL</b>			
<b>PARENT/GUARDIAN #2 OR EMERGENCY CONTACT NAME</b>		<b>PARENT #2 OR EMERGENCY CONTACT CELL</b>	
<b>EMAIL</b>			

- € I GIVE PERMISSION FOR AAC SWIM TEAM TO PUBLISH THE ABOVE INFORMATION IN A SWIM TEAM DIRECTORY
- € I AUTHORIZE AAC Swim Team to send text messages to the cell phone numbers provided. I am responsible for message and data rates that may apply based on my carrier.

## MEDICAL CONDITIONS/ALLERGIES/CONSIDERATIONS:

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**PERMISSION TO SWIM**

MY CHILD/CHILDREN LISTED ABOVE HEREBY HAS/HAVE MY PERMISSION TO PARTICIPATE IN PRACTICES, MEETS AND OTHER ACTIVITIES AS A MEMBER OF THE APPLEWOOD ATHLETIC CLUB (AAC) SWIM TEAM, FOR THE CALENDAR YEAR 2016. I UNDERSTAND THAT THIS MAY INVOLVE MY CHILD/CHILDREN RIDING AS PASSENGERS IN PRIVATE VEHICLES. SHOULD THE NEED ARISE, I AUTHORIZE THE COACHING STAFF TO SEEK AND AUTHORIZE MEDICAL TREATMENT FOR MY CHILD/CHILDREN, I UNDERSTAND THAT THEY WILL TRY TO CONTACT ME BEFORE DOING SO IF PRACTICAL. I ALSO UNDERSTAND THAT PICTURES OF MY CHILD/CHILDREN MAY BE TAKEN AND DISPLAYED ON EITHER THE WEBSITE OR THE TEAM BULLETIN BOARD, AND I AUTHORIZE AAC AND THE COACHING STAFF TO DO SO.

**ACCEPTANCE OF RESPONSIBILITY AND APPLEWOOD ATHLETIC CLUB RELEASE**

THE UNDERSIGNED PARENT OR LEGAL GUARDIAN ACCEPTS THE RESPONSIBILITY FOR LEAVING ANY FACILITY THE AAC SWIM TEAM MAY UTILIZE, IN AN ORDERLY MANNER, AND AGREES TO PAY FOR ANY DAMAGES OR ACCIDENTS CAUSED BY OR INCURRED BY HIS/HER CHILD/CHILDREN, DURING THE USE OF ANY FACILITY. THESE FACILITIES INCLUDE AAC AND ANY OTHER SWIMMING OR RECREATIONAL FACILITY. THIS INCLUDES PARTICIPATING IN PRACTICES, SWIM MEETS AND OTHER ACTIVITIES AS A MEMBER OF AAC SWIM TEAM FOR THE CALENDAR YEAR 2016, AND RELEASES AAC AND ITS MEMBERS AND REPRESENTATIVES FROM ANY CLAIMS OR DEMANDS RESULTING FROM ANY INJURY WHICH BE SUSTAINED BY THE PARTICIPANT, REGARDLESS OF CAUSE.

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SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**BOTTOM PORTION FOR AAC COMMITTEE USE ONLY**

PAYMENT INFO	# OF SWIMMERS	AMOUNT PAID	CHECK#/CASH
WINTER			
SPRING			
SUMMER			

SWIMMER KITS	T-SHIRT-SIZE	CAP	BEADS
SWIMMER 1			
SWIMMER 2			
SWIMMER 3			
SWIMMER 4			

ABOVE INFORMATION REVIEWED BY \_\_\_\_\_ DIRECTORY DELIVERED TO FAMILY \_\_\_\_\_

