

Aqua Culture Swim Team Registration

Swimmers Name: _____

DOB: _____ Age as of Jun 1st: _____

Gender: _____

Currently in Lessons? YES _____ NO _____

*if you have not been enrolled at Aqua Culture in 2013, you must also complete an ACSS registration form.

If YES, which level? _____

Parent's Name: _____

Email Address: _____

Additional Email: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: _____

Phone: _____

Medical Concerns: _____

Paying for Clinic too? YES _____ NO _____

Swim Practice Preference (please check): AM PM

Check Number: _____ Check Amount \$ _____

* all money paid to AQ Swim Team is non-refundable

Swim Suit NEEDED _____ **Swim Suit NOT NEEDED** _____

If you **NEED** a new swim suit, you **MUST** preorder during registration day. The school does not stock enough swim suits for the team, so we need to order them for you!!

Parent Signature: _____

Please print, sign and bring to registration