

# AAU Sign Up Information

Please complete and email back to: [nrusek@tnaquatics.com](mailto:nrusek@tnaquatics.com) or bring to your first official day of practice

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Graduation Year:** \_\_\_\_\_

**Home Street Address:** \_\_\_\_\_

**ZIP code:** \_\_\_\_\_

**Parents Email:** \_\_\_\_\_

**Parents Phone:** \_\_\_\_\_