



AGCC WAHOOS Summer Swim Team  
2018 Registration Form

**SWIMMER INFORMATION**

Swimmer Name: \_\_\_\_\_

Swimmer Gender: \_\_\_\_ Male \_\_\_\_ Female

Swimmer Birthdate: \_\_\_\_\_ Swimmer Age: \_\_\_\_\_

Swimmer T-Shirt Size: \_\_\_\_YS \_\_\_\_YM \_\_\_\_YL \_\_\_\_AS \_\_\_\_AM \_\_\_\_AL \_\_\_\_AXL

Swimmer Swim Suit Size: \_\_\_\_22 \_\_\_\_23 \_\_\_\_24 \_\_\_\_25 \_\_\_\_26 \_\_\_\_27 \_\_\_\_28 \_\_\_\_29 \_\_\_\_30 \_\_\_\_31 \_\_\_\_32 \_\_\_\_33 \_\_\_\_34

Describe Swimmer Experience: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Ayden Golf & Country Club Member: Yes: \_\_\_\_ No: \_\_\_\_

If yes: Please check Membership level: \_\_\_\_Young Professional \_\_\_\_Executive \_\_\_\_Pool Only

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_

Relationship to Swimmer: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**SPONSORSHIP INTEREST (check only one if interested)**

Family: \_\_\_\_ Corporate: \_\_\_\_ Title Sponsor: \_\_\_\_

**Release of Liability:** Parent hereby releases AGCC, its employees, officers, directors and volunteers and any facility used by AGCC from any liability arising out of any injury to the swimmer which may occur while the swimmer(s) is/are participating in the AGCC swim program, including, but not limited to, practices, meets, travel trips, and other team activities, or while swimmer(s) is/are using facilities owned, leased, or used by AGCC.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_