



Swim School \* AK Sharks Swim Team \* *FUND*amental Swim Camp  
 PO Box 560055 \* Miami, Florida 33256-0055 \* Office: 305-232-4222 \* WCS Pool: 786-255-0284  
 www.aquakidsswim.com

**2007 CONTINUING EDUCATION & AK SHARKS**  
**MEMBERSHIP APPLICATION**

FAMILY'S LAST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL (for invoices & important announcements) \_\_\_\_\_

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**SWIMMERS' INFORMATION:**

1. Swimmer's (official) Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Preferred Name \_\_\_\_\_ M / F \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

AK Swim Group Name \_\_\_\_\_ Medical Conditions (if any): \_\_\_\_\_

\_\_\_\_\_

Swimmer's e-mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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2. Swimmer's (official) Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Preferred Name \_\_\_\_\_ M / F \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

AK Swim Group Name \_\_\_\_\_ Medical Conditions (if any): \_\_\_\_\_

\_\_\_\_\_

Swimmer's e-mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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3. Swimmer's (official) Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Preferred Name \_\_\_\_\_ M / F \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

AK Swim Group Name \_\_\_\_\_ Medical Conditions (if any): \_\_\_\_\_

Swimmer's e-mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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4. Swimmer's (official) Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Preferred Name \_\_\_\_\_ M / F \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

AK Swim Group Name \_\_\_\_\_ Medical Conditions (if any): \_\_\_\_\_

Swimmer's e-mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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Emergency Contact Name(s): \_\_\_\_\_

Emergency Contacts' Phone Numbers: \_\_\_\_\_

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**Initial Fees and Dues:**

|             | Registration Fee(s) | First Month's Dues | Entry Fee Escrow | Total |
|-------------|---------------------|--------------------|------------------|-------|
| Swimmer #1: |                     |                    |                  |       |
| Swimmer #2: |                     |                    |                  |       |
| Swimmer #3: |                     |                    |                  |       |
| Swimmer #4: |                     |                    |                  |       |

Total: \_\_\_\_\_

**TERMS & CONDITIONS OF ENROLLMENT:**

As Parent, Legal Guardian or Participant of the above named participant(s), I agree to hold AquaKids, Inc., SwimAmerica, USA Swimming, and Westminster Christian School, their officers, employees and agents free and harmless from any claim or expense that may arise due to participation in this program. In addition, I have read, understand and agree to the BASIC TERMS AND CONDITIONS FOR PARTICIPATION. I understand Fee and Tuition structure (including discounts and late fees), there are NO REFUNDS and agree to assume full responsibility for the payment of the fees. In case of accident or injury, where I can not be reached, I give my permission to have my child given medical treatment immediately. I also give permission for my child to be taken to the closest emergency treatment center if necessary.

\_\_\_\_\_  
Signature of Parent, Legal Guardian or Participant

\_\_\_\_\_  
Date