

AZD REGISTRATION FORM

Swimmer's Name: _____ Age: _____ DOB: - _____

Swimmer's Email Address: _____

Swimmer's Cell Phone: _____

Able to receive EMAIL AND TEXT: _____ Yes, I give permission for the coaches to email/texts my swimmer.

_____ No, I do not want my daughter communicating through email/text.

Home Address: _____

Home Phone: _____

Mother's Name: _____ Contact # _____ Text: Y / N

Father's Name: _____ Contact # _____ Text: Y / N

Parent's Email: _____

*Emergency Contact Name and # _____

MEDICAL INFORMATION OR ALLERGIES: _____

HOW DID YOU HEAR ABOUT US? _____

Waiver: As a parent or guardian of the above participant, I grant permission for the participation in the Arizona Desert Dolphin (AZD) Synchronized Swimming Clinics or Classes. I understand that there may be risks of physical injury to the participant, and I waive, release, discharge and hold harmless AZD from all claims for injuries. I give consent for emergency medial treatment. I give AZD permission to call my Emergency Contact if I cannot be reached.

Parent Name

Parent Signature

Date

Registration Options:

- You can mail a hard copy of this Registration Page and a check for class payment.
 - Arizona Desert Dolphins: 3987 E Stagecoach Pass Ave, Queen Creek, AZ 85140
 - Checks should be made out to: "Arizona Desert Dolphins" or "AZD"
- Or you can return the forms by email with instructions to bill a credit card.
 - info@azdolphins.com
- Or you can email the participants basic information to reserve a spot in the class, info@azdolphins.com and then you finalize registration forms and payment on the first day of class.