



# PERRY AQUATIC CLUB

## Barracuda Youth Registration Form

Season \_\_\_\_\_ Summer Winter \_\_\_\_\_ First Time  
Swimmer

\_\_\_\_\_ Cap (received) \_\_\_\_\_ T-shirt (received)

**Information:**

Athlete's Full Name:

Nickname: \_\_\_\_\_ Male Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent(s) or Guardian(s):

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email:

*Must provide an email that you check often*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Any Medical Conditions, Allergies, etc.:

**Sport Fees: (there is a \$50 discount per additional swimmer)**

Winter:

\_\_\_\$225 In-District\*Youth \_\_\_\$175 In-District\*Youth\*2nd Family Member \_\_\_\$125 In-District\*Youth-3rd Family Member  
\_\_\_\$300 Out-of-District\*Youth \_\_\_\$250 Out-of-District\*Youth 2nd Family Member \_\_\_\$200 Out-of-District\*Youth-3rd Family

Member

Summer:

\_\_\_\$75 High School  
\_\_\_\$180 In-District\*Youth \_\_\_\$130 In-District\*Youth\*2nd Family Member \_\_\_\$80 In-District\*Youth-3rd Family Member  
\_\_\_\$200 Out-of-District\*Youth \_\_\_\$150 Out-of-District\*Youth\*2nd Family Member \_\_\_\$100 Out-of-District\*Youth-3rd Family

Member

**T-Shirt Size: (included with registration)**

\_\_\_ Youth X-Small \_\_\_ Youth Small \_\_\_ Youth Medium \_\_\_ Youth Large  
\_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large \_\_\_ Adult X-Large

**Parent/Guardian Participation:**

I/We understand that the Perry Aquatic Club conducts fundraising and volunteering activities in addition to the registration fee and that each swimmer/ parent is required to participate. I/We are willing to participate in the following activities for the Perry Aquatic Club.

\_\_\_ Timer \_\_\_ Table \_\_\_ Worker \_\_\_ Concessions \_\_\_ Fundraise

**Consent/Waiver Agreement:**

I/We consent to our child participating in the Perry Aquatic Club. In participating in PAC, I/We hereby acknowledge that I/We understand that there are risks of accidents resulting in bodily harm arising out of those activities. I/We understand that all swimming activities are planned with safety of the participant in mind. In case of emergency, accident, or illness, I/We are not present I/We hereby give our permission for the coach or representative of PAC to obtain any required medical attention my child may need. I/We will notify the coach of any physical limitations or other additional information they need to know about my/our child. I/We further acknowledge that my/our child has the physical capacity reasonably necessary to engage in PAC for which I/We have enrolled. I/We agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed

that the coaches and agents of PAC shall be held harmless against all claims, damages, loss, or expenses including attorney's fees arising out of or resulting from participation in swimming activities.

\_\_\_\_\_ I have read the above waiver and understand the contents

(initial)

Signature (Parent(s)/Guardian(s): \_\_\_\_\_ Date:

\_\_\_\_\_

*Board member Use Only:*

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash: \_\_\_ Check #: \_\_\_\_\_ Balance: \_\_\_\_\_ Initials: \_\_\_\_\_

PIF: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash: \_\_\_ Check #: \_\_\_\_\_ Balance: \_\_\_\_\_ Initials: \_\_\_\_\_

PIF: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash: \_\_\_ Check #: \_\_\_\_\_ Balance: \_\_\_\_\_ Initials: \_\_\_\_\_

PIF: \_\_\_\_\_