

PERRYVILLE PIRANHAS SWIM TEAM  
REGISTRATION FORM  
September 2019 to April 2020

Participant's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Sex: \_\_\_\_\_ T-Shirt Size(s): \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Concerns \_\_\_\_\_

Guardian's Name(s) \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Swimmers must have an AAU membership code before they start practice. Please register at [aausports.org](http://aausports.org), swimmers select the \$14 youth membership. Coaches select non-athlete. **AAU membership runs September 1<sup>st</sup> to August 31<sup>st</sup>, so you need to renew as soon as possible in September and will not need to get another for the summer.**

Our Perryville Piranha AAU Team Code until August 31, 2020 is **WYA4CW**.

YOUR MEMBERSHIP CODE(S): \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: **PIRANHA PARENTS**

**COST IS \$35 for one swimmer and \$10 a month for each additional swimmer.**

**\*\*\*This does not include Perry Park Center admission to pool\*\*\***

**(It is most cost effective to get a membership to the Park Center).**

**For more information or questions, please call Angie Schupp at 573-517-8505 or e-mail [perryvillepiranhas@gmail.com](mailto:perryvillepiranhas@gmail.com)**

I/We the parent or legal guardian of the candidate(s) named above for a position on the Perryville Piranhas Swim Team, hereby give my/our approval to their participation in any and all Perryville Swim Team activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from activities and I/We waive, release absolve, indemnify, and agree to hold harmless the Piranha Parents Organizations, Perry Park Center, the organizers, sponsors, supervisors, participants, and persons transporting my/our child(ren), for any claim arising out of an injury to my/our child(ren), whether the result of negligence or for any other cause.

I/We will furnish a birth certificate of above-named individual upon request.

Parent/Guardian Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_