Thank you for allowing your swimmer to try-out for Aloha Aquatics Association (AAA). Our coaching staff will observe your swimmer and make a determination as to whether he/she is ready to join the club. Swimming skills, endurance and potential are determined relative to other competitive swimmers in your swimmer’s age group (10 & under, 11-12, 13-14, 15-16, 17-18).

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Swimmer’s First Name** | **Middle Initial** | **Last Name** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Birthday** (MM/DD/YY) | Click here to enter text. | | **Gender** M/F | | Click here to enter text. | |
| **Parent /Legal Guardian Name** | | Click here to enter text. | | | | |
| **Home Address** | | Click here to enter text. | | | | |
| **Phone #** | | Click here to enter text. | | | | |
| **Email Address** | | Click here to enter text. | | | | |
| **Alternate Contact** | | Click here to enter text. | | | | |
| **Relationship** | | Click here to enter text. | | Phone # | | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dues and Fees** | | | |
| Dues: | monthly | $75.00 | Discount: 5% 1st sibling, 100% 2nd |
| Coaches Travel Assessment: | monthly | $3.50 | Per swimmer |
| Volunteer Program:\* | monthly | $25.00 | Per family |
| USA Swimming Registration: | annually | $73.00 | Per swimmer |
| Hawaii Swimming Transfer: | per trf | $5-$10 | Trf from another USA swim club |
| \* The Volunteer Program charge may be refunded to your account by volunteering with the club administration and meets. Accounts will be able to earn a credit of up to $300 per year by volunteering. | | | |

*I understand that membership to AAA is governed by its Constitution and By-Laws, as well as by policies of the Local Swim Committee (LSC) and USA Swimming. Membership to AAA requires a coach*’*s approval of the swimmer*’*s readiness relative to other competitive swimmers in his/her age group, completion of required membership forms and payment of dues/fees.*

**Digital Signature**: Click here to enter text. **Date:** Click here to enter text.

*To be filled out by AAA Coach only:*

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Try-out: |  | Age at Try-out: |  |
| Free: |  | | |
| Breast: |  | | |
| Butterfly: |  | | |
| Back: |  | | |
| Other Comments: |  | | |

Recommended Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach Initials: \_\_\_\_\_\_\_\_\_