



SWIM TRYOUT & REGISTRATION FORM – (Print for each child and bring to Tryout)

Swimmer's:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Tryout Date: \_\_\_\_\_ Trial Dates: \_\_\_\_\_

**What you need for your Tryout and trial period:**

- Swim suit/Goggles/Cap/Towel
- USA Swimming Registration and \$70 (check made payable to STAR Aquatics)

*Check will be held until trial period is over.*

**\*\*Your child must be able to swim the width of the pool (25 yards) unassisted utilizing any stroke. Group assignment is based upon the evaluation of a STAR Aquatics swim coach & can be subject to change during &/or after trial period.**

EMERGENCY CONTACT INFORMATION:

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-Mail Address (Required): \_\_\_\_\_

Consent and Liability Waiver: I hereby give my consent for my child's participation in the STAR Aquatics Swim Team – on this date \_\_\_\_\_. I/we assume all risks and hazards incidental to such participation and hereby waive, release, absolve, indemnify and agree to hold harmless Riverside County, City of Temecula, Temecula Valley Unified School District, the STAR Aquatics Swim Team, its Officers, Directors, Employees, Sponsors, Supervisors, Participants, and persons transporting my/our child. Although every precaution will be taken to prevent injuries, due to the nature of all sports, parents are advised that it is their responsibility to provide for their child. I further agree to follow and uphold the rules and regulations of STAR Aquatics Swim Team bylaws, and code of conduct.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of an emergency, I authorize Riverside County, City of Temecula, Temecula Valley Unified School District and/or STAR Aquatics to seek any necessary medical attention for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAR Annual Registrations Fee: \$ \_\_\_\_\_ (Payable to STAR Aquatics) Check# \_\_\_\_\_

Group Assignment: \_\_\_\_\_ Monthly Due: \$ \_\_\_\_\_ (Payable to STAR Aquatics) Check# \_\_\_\_\_

USA Swimming ID: Yes \_\_\_\_\_ No \_\_\_\_\_ ID#: \_\_\_\_\_

SCS Registrations Fee \$64.00 (Payable to SCS Swimming) Check# \_\_\_\_\_

Birth Certificate: Yes or No Verified by: \_\_\_\_\_