



Aqua Skiers, Inc.
 P.O. Box 412
 Wisconsin Rapids, WI 54495-0412

AQUA SKIERS ENROLLMENT APPLICATION

PLEASE PRINT LEGIBLY. (Use back side to list additional addresses, phone #'s and e-mails.)

Name	Social Security #	Date of Birth	Age	T-Shirt Size
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Address _____ City/State _____ Zip Code _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-mail Address _____
 Parent(s)/Guardian(s) _____

I/We (the above named), as a member(s) of the Aqua Skiers, Inc., will at all times keep in mind the purpose of the club. I/We will abide by all the rules and regulations set forth. In every way possible, I/We will promote the club and its activities.

In consideration of your acceptance of my application, I/We hereby for myself, my heirs, executors and administrators, release and forever discharge the sponsors, their agents, servants and persons connected with this club, the Aqua Skiers, Inc., of and from any and all right, claims, demands and actions whatsoever that I may have for any and all loss, damage or injury sustained by me or my equipment while a member of this club. I further understand that your acceptance of my application is contingent upon my completion of all requirements as outlined in this application.

 Signature of Applicant Date Signature of Applicant Date

 Signature of Applicant Date Signature of Applicant Date

 Signature of Applicant Date Signature of Applicant Date

 Signature of Parent/Guardian Date Signature of Parent/Guardian Date