

# Registration Form



## Amherst Tritons Swim Team Fall/Winter 2011-2012 Season

### #1 Swimmer's Name:

\_\_\_\_\_  
Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_ Male / Female

Grade: \_\_\_\_ School: \_\_\_\_\_

### #2 Swimmer's Name:

\_\_\_\_\_  
Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_ Male / Female

Grade: \_\_\_\_ School: \_\_\_\_\_

### #3 Swimmer's Name:

\_\_\_\_\_  
Name

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_ Male / Female

Grade: \_\_\_\_ School: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ *(Required for registration)*  
*Emails listed here will be added to our ATST Team Email List.*

### Parent/Guardian Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone

## Swim Team Fees:

### **Swimmer #1**

*New Membership	\$ 10.00	_____
Senior Level	\$460.00	_____
Junior Level	\$325.00	_____
Age-Group Level	\$300.00	_____

### **Swimmer #2**

New Membership	\$ 10.00	_____
Senior Level	\$460.00	_____
Junior Level	\$325.00	_____
Age-Group Level	\$300.00	_____

### **Swimmer #3** (3<sup>rd</sup> family member swims for half price)

New Membership	\$ 10.00	_____
Senior Level	\$230.00	_____
Junior Level	\$162.50	_____
Age-Group Level	\$150.00	_____

Total Swim Fees Due: \$ \_\_\_\_\_

*\*New Membership pertains to any child who has never participated with ATST in the past.*

## Discounts/Optional Fees:

High School Swim Team Discount (less \$100.00) \$ \_\_\_\_\_

LSSE Discount, as applicable \_\_\_\_\_ %  
(eligibility documentation required at time of registration)

Non-Volunteer Fee (\$200.00) \$ \_\_\_\_\_

**Grand Total Due: \$ \_\_\_\_\_**

For office use: Check # _____ \$ _____
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The head coach will assign swimmers to the appropriate practice groups. In the event a more advanced squad than was paid for at registration is assigned, the fee difference is due to ATST within 7 days of placement. Swimmers may opt to participate in a less advanced squad and pay the reduced fee. Participation in a more advanced squad than assigned by the head coach is not permitted.

A 100% refund will be provided to any registered swimmer who opts not to participate within two weeks of each session. Refund requests should be e-mailed to [info@atst.org](mailto:info@atst.org). They may also be mailed to the ATST, P.O. Box 2126, Amherst, MA 01004 and must be postmarked within the initial two weeks of the session. No refund will be granted after the first two weeks of each session.

Within the permission of the head coach, swimmers may join the ATST swim team after a season has started however there will be no prorating of session fees. Cooperation with these policies allows the team to limit price increases. Acknowledgement of these policies is required at time of registration and demonstrated by my signature below.

Additionally, I fully understand and agree that the Amherst Tritons Swim Team assumes no responsibility or liability for injuries or loss of property which may occur during swim team activities. In consideration of the acceptance of registration, the undersigned hereby waives any claim of cause and action which might occur to him or her against the Amherst Tritons Swim Team by reason of injuries or damages to the property arising out of swim team activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# ATST Emergency Form

Fall/Winter 2011-2012 Season

Swimmers will NOT be allowed to enter the pool without an updated Emergency Form on file. Please complete this form and return with the Fall/Winter 2011-2012 Registration Form and payment.

Name of Swimmer(s): \_\_\_\_\_

## Parent/Guardian Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Home Phone

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Home Phone

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Alternate Phone

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Alternate Phone

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Please list ANY medication information/allergies or conditions to be brought to the coach's attention:

\_\_\_\_\_  
\_\_\_\_\_

In case of the need for emergency care, I hereby give permission to the hospital, medical facility, physician or other emergency medical care provider to administer emergency medical care for the swimmer(s) named above. I understand that all reasonable attempts will be made to contact me as soon as possible.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_