

TRITONS

Amherst Tritons Swim Team
P.O. Box 2126
Amherst, MA 01004

Registration Form

Spring/Summer 2008

Info@atst.org

#1 Swimmer's Name:

First M. Last
Preferred Name: _____
Date of Birth ____/____/____
Age____/ Male____ Female____
Grade____ School _____
GROUP_____

#2 Swimmer's Name:

First M. Last
Preferred Name: _____
Date of Birth ____/____/____
Age____/ Male____ Female____
Grade____ School _____
GROUP_____

#3 Swimmer's Name:

First M. Last
Preferred Name: _____
Date of Birth ____/____/____
Age____/ Male____ Female____
Grade____ School _____
GROUP_____

Email: _____

(Emails listed here will be added to our ATST Team Email List)

Parent/Guardian Information:

_____ Name	_____ Name
_____ Address	_____ Address
_____ Town	_____ Town
_____ Zip	_____ Zip
_____ Home Phone#	_____ Home Phone#
_____ Work#	_____ Work#
_____ Cell Phone#	_____ Cell Phone#

Swim Team Fees

Swimmer #1

New Membership	\$10.00 _____	
Senior Level	\$460.00 _____	(six 120-minute practices a week)
Junior Level	\$325.00 _____	(four 90-minute practices a week)
Age-Group Level	\$300.00 _____	(four 60-minute practices a week)

Swimmer #2

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

Swimmer #3 (3rd Family member swims for 1/2 price)

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

Total \$ _____

LSSE/USDA discount as applicable _____ %
(eligibility documentation required)

Non-Volunteer- In lieu of volunteering pay \$200.00 \$ _____

Total \$ _____

For office use Check# _____ \$ _____

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. They may also be mailed to the P.O. Box referenced above 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 (Enrolling Parent/Guardian) Date

If you have any questions, please email me at info@atst.org
Kate Connor/ATST Registrar

In addition to this registration form, all swimmers MUST fill out an EMERGENCY FORM each season. Swimmers will NOT be allowed to enter pool without emergency form on file.

Mail forms with payment to: ATST, P.O. Box 2126, Amherst, MA 01004
New swimmers: Please bring FORMS and PAYMENT to the first day of practice.

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P.O. Box 2126
Amherst, MA 01004

Emergency Form

Spring/Summer 2008

Info@atst.org

Name of Swimmer: _____

Physician's Name: _____ Phone# _____

Emergency Contact _____
(other than Parent/Guardian)

Emergency Contact number _____

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

List any allergies, illnesses or regular medications:

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. I understand that all reasonable attempts will be made to contact me as soon as possible.

Signature of Parent/Guardian _____

Date _____

Please send this **Emergency Form** with **Registration Form** and **Payment** to:
ATST, P.O. Box 2126, Amherst, MA 01004

Swimmers will **NOT** be permitted to enter pool without a current Spring/Summer 2008 emergency form on file.