

2016 / 2017 REGISTRATION FORMS  
Non Competitive groups

Parents' Name: \_\_\_\_\_

{Please list BOTH parents}

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Dad's work #: \_\_\_\_\_ Mother's work #: \_\_\_\_\_

Dad's cell #: \_\_\_\_\_ Mother's cell #: \_\_\_\_\_

Emergency Contacts: (Someone OTHER than a parent)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

1st Email address: \_\_\_\_\_

2nd Email address: \_\_\_\_\_

**Please be legible.**

	Swimmer's Name	Middle Initial	Date of Birth	Group
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

**ALL CHECKS MADE PAYABLE TO FAST.**

# FINANCIAL OBLIGATIONS

## REFUND POLICY

There are NO refunds after the 2nd class.

## PAYMENTS \*\*

**To ensure there is adequate pool space and coaches, swimmers must be registered PRIOR to the start of each session. All payments are due with registrations.**

Group	FALL	WINTER	SPRING
Development I / II (D)	9 / 27 - 11 / 29 \$ 185.00 10 weeks	1 / 3 - 3 / 7 \$ 185.00 10 weeks	4 / 11 - 5 / 23 \$ 145.00 7 weeks
Home school group (HMS)	9 / 27 - 12 / 6 \$ 340.00 10 weeks	1 / 3 - 3 / 9 \$ 340.00 10 weeks	4 / 11 - 5 / 25 \$ 260.00 7 weeks
Morning Workout (MW)	9 / 27 - 12 / 6 \$ 340.00 10 weeks	1 / 3 - 3 / 9 \$ 340.00 10 weeks	4 / 11 - 5 / 25 \$ 260.00 7 weeks
Stroke Development (SD)	9 / 29 - 12 / 8 \$ 185.00 10 weeks	1 / 3 - 3 / 9 \$ 185.00 10 weeks	4 / 11 - 5 / 25 \$ 145.00 7 weeks

Sign up for 2 or more sessions and take off \$ 40.00 from the total.

MC / VISA Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

**Registration forms can also be faxed to (240) 554 - 1537**  
(Fax goes directly to team administrator. No one else has access)

I have read all the above and agree to abide by the terms stated above.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**ALL CHECKS MADE PAYABLE TO FAST.**  
MAIL TO; 14625 Baltimore Avenue # 291, Laurel, MD 20707