

2021 / 2022 REGISTRATION FORM
Non Competitive Groups

Parents' Name: _____

{Please list BOTH parents}

Address: _____ City: _____ Zip: _____

Home Phone #: _____ (Leave blank if cell is primary 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.

MAIL TO; 14625 Baltimore Avenue # 291, Laurel, MD 20707

FINANCIAL OBLIGATIONS

REFUND POLICY

There is NO refund 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 / 28 - 11 / 30 \$ 190	1 / 11 - 3 / 15 \$ 190	4 / 12 - 5 / 24 \$ 140
Home School Group (HMS)	9 / 28 - 12 / 7 \$ 350	1 / 11 - 3 / 17 \$ 350	4 / 12 - 5 / 26 \$ 230
Morning Workout (MW)	9 / 28 - 12 / 7 \$ 350	1 / 11 - 3 / 17 \$ 350	4 / 12 - 5 / 26 \$ 230

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

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