## FAMILY REGISTRATION SHEET SPRING / SUMMER 2017

(Returning families do NOT need another registration form)

Parents' Name:						
{Please list BOTH parents}						
Address:	City	:;	Zip:			
Home Phone #:						
Dad's work #:	Mother's	s work #:				
Dad's cell #:	Mother's cell #:					
Emergency Contacts: (May	NOT be a parent)					
Name:	Phone #:					
Name:	Phone #:					
1st Email address:						
2nd Email address:		Plea	ase be legible.			
Swimmer's Name	Middle Initial	Date of Birth	Group			
1)						
2)						
3)						

## **FINANCIAL OBLIGATIONS**

Please return completed registration forms, with payment, to the address below. Email confirmation will be sent once completed registration is received.

Meet entry fees are included in program dues.

## No refunds will be given after April 15

GROUP	Spring dates	Cost	Summer dates	Cost	Spring & Summer
WHITE I	4 / 12 - 5 / 24	\$ 200	6/1-7/27	\$ 215	\$ 355
WHITE II	4 / 12 - 5 / 24	\$ 225			
BLUE I	4 / 12 - 5 / 24	\$ 310	6 / 1 - 7 / 27	\$ 360	\$ 600
BLUE II	4 / 111 - 5 / 25	\$ 325	6 / 1 - 7 / 27	\$ 360	\$ 600
RED I	4 / 12 - 5 / 26	\$ 350	5 / 31 - 7 / 28	\$ 425	\$ 675
DEV	4 / 11 - 5 / 23	\$ 145	N/A		

MC / VISA Card #				
Expiration. Date: _		3 Digit Secu	rity Code:	-
Charge all program du	es to this card	l? YES	NO	
I have read all the abo	ve and agree	to abide by	the terms state	ed above.
Signed	<del>.</del>	-	Date	_

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