



**Registration Form – Please Return
Please Print**
(Note: Swimmers ages are as of May 15th)

Swimmer's last name _____ First _____ Initial _____ Date of Birth _____ New
Triton Age M F

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Triton Age M F

Swimmer's last name _____ First _____ Initial _____ Date of Birth _____ New
Triton Age M F

Home Phone Number _____ Emergency-Cell # _____ Email address _____

Address _____ City _____ State _____ Zip Code _____

Returning Family New Family How did you hear about us? _____

Parent/Guardian Mother: _____ Father: _____

Employer: Mother: _____ Father: _____

Position: Mother: _____ Father: _____

Work Phone: Mother: _____ Father: _____

I give my permission to have my child's name listed in the Tracy Press and the team's Internet Web Page along with their event times.

Pictures on the web site will have first names only. YES NO

Fees	
Total number of swimmers registering	_____
\$135 Family Registration Fee	\$ <u>135</u>
\$105 Fee per Swimmer	\$ _____
\$60 High School Swim Team Member	\$ _____
Total Fees Due	\$ _____

For Office Use Only	
Fees Paid	_____
	Date Initial
Parent Contract	_____
	Date Initial
Medical Form	_____
	Date Initial
Handbook Given	_____
	Date Initial
Fees Refunded	_____
	Date Initial