

# Collegiate Aquatics

## 2016-17 Athlete Registration Form

Parent/Guardian Name (Last, First): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address (checked most frequently): \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone #'s: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any special medical problems? YES NO

If yes, please indicate and include any medications: \_\_\_\_\_ (cont. on back →)

I, the parent or guardian of the applicant, give permission for my child to participate for Collegiate Aquatics and in the Central Pennsylvania Swim Association (CPSA) during the 2016-17 winter season. I certify that the child is in good health and physically able to participate. I absolve, indemnify and hold harmless Collegiate Aquatics, any facility CA utilizes, the coaches and the CPSA. I realize that I may be required to use my personal insurance coverage, or be otherwise responsible for any expenses resulting from injury. I will furnish, if requested, a certified birth certificate for my child. I have read and understand the collection of fees and refund policy.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Swimmer Name (Last, First, Middle I.)	Gender	Date of Birth	T-Shirt Size*	Swimmer Level (Novice, Green, Blue, Senior, Senior-HS)	Registration Fee (FULL or MONTHLY Amount)**
1					
2					
3					
4					
Family Fundraising Fee. <i>Subtract \$75 from fee if registering only novice swimmer</i>				Total Registration Fees	\$
One Child (\$275) <input type="checkbox"/> Two Children (\$375) <input type="checkbox"/> More than 2 Children (450) <input type="checkbox"/>				Fund. Buy-Out (fill in amt.):	\$
				<b>TOTAL DUE:</b>	<b>\$</b>

\*T-Shirt sizes are Youth Small (YS), YM, YL, Adult Small (AS), AM, AL, AXL

**Registration Fees:** 5% discounts for additional swimmers in a family are paid after the fee is paid for the first swimmer at the highest rate. Monthly payments are due in six installments on the 15<sup>th</sup> of each month, September-February.

Practice Group	Paid in Full	Sibling Discount	Monthly	Sibling Discount
Novice-Red	395.00	387.00	70.00	66.50
Age Group-Green	450.00	427.50	80.00	76.00
Age Group-Silver	545.00	517.75	95.00	90.25
Age Group-Blue	645.00	612.75	110.00	104.50
Senior-High School	430.00	408.50	75.00	71.25
Senior-Gold	695.00	660.25	120.00	114.00

Checks payable to:  
**Collegiate Aquatics**  
 Submit in person or  
 Mail Form to:  
 Collegiate Team Fees  
 118 East Simpson St.  
 Mechanicsburg, PA 17055