



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

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

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

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

Swimmer's last name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_  New     
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

<b>Fees</b>	
Total number of swimmers registering	_____
\$145 Family Registration Fee	\$ _____
\$110 Fee per Swimmer (1 <sup>st</sup> swimmer)	\$ _____
\$105 Fee each additional swimmer	\$ _____
\$75 High School Swim Team Member	\$ _____
<b>Total Fees Due</b>	<b>\$ _____</b>

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