

**YORK SUBURBAN**

**TROJAN AQUATIC CLUB**

Competitive Age Group

Swim Team

October 17, 2016 - February 5, 2017

[www.trojanaquaticclub.org](http://www.trojanaquaticclub.org)

**Trojan Aquatic Club Registration**

Date: Thursday, October 12, 2017

Time: 5:30pm-6:30pm

Place: York Suburban Pool Office

Cost: $210.00 + $30.00 administration fee (2 checks) for 1st swimmer

 $185.00 each additional swimmer

Practice Schedule: Monday-Friday between 6:30-9:15pm.

Groups TBD and emailed before first practice

*New swimmer demonstration is Thursday, October 12, 2017 @ 6:00pm. Swimmers need to demonstrate at least 25 yards of free and back depending on age.*

**\*\*First day of practice is Monday, October 16th, 2017.\*\***

**Please bring registration form filled out to registration.**



**YORK SUBURBAN**

**TROJAN AQUATIC CLUB**

Competitive Age Group

Swim Team

October 16, 2017 - February 4, 2018

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Family information:

Mother’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s cell number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s cell number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Swimmer’s last name** | **Swimmer’s first name** | **Swimmer’s gender** | **Swimmer’s** **Date of birth** | **Swimmer’s fee** |
| **1** |  |  |  | **$210.00**  |
| **2** |  |  |  | **$185.00**  |
| **3** |  |  |  | **$185.00**  |
| **4** |  |  |  | **$185.00**  |
| **Registration fee** | **Payable to:** | **York Suburban School District** | **Total:** |  |
| **Administration fee per family** | **Payable to: TAC PARENTS** | **$30.00 per family** |

**Medical Release Information:** Primary Medical Insurance Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Known Allergies or other pertinent medical information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Release Form**

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to participate in the Trojan Aquatic Club. I will not hold the aquatic club, York Suburban School District or the coaching staff responsible for any injury while participating in the programming. I also give permission for my child to be treated by emergency personnel in the event of an injury if I am not present.

**Name Printed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_