

# Collegiate Aquatics

## 2014-15 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, hereby gives permission for my child to participate for Collegiate Aquatics and in the Central Pennsylvania Swim Association (CPSA) during the 2014-15 winter season. I certify that the child is in good health and physically able to participate. I absolve, indemnify and hold harmless Collegiate Aquatics, Central Penn Health & Fitness, the Jewish Community Center, 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.

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.				Total Registration Fees	\$
<i>Subtract \$75 from fee if registering only novice swimmer</i>				Fund. Buy-Out (fill in amt.):	\$
One Child (\$275) <input type="checkbox"/> Two Children (\$350) <input type="checkbox"/> More than 2 Children (375) <input type="checkbox"/>					
				<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	330.00	313.50	60.00	57.00
Age Group-Green	385.00	365.75	70.00	66.50
Age Group-Silver	480.00	465.50	85.00	80.75
Age Group-Blue	585.00	555.75	100.00	95.00
Senior-High School	400.00	380.00	70.00	66.50
Senior-Gold	675.00	641.25	115.00	109.25

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