How To Register

| Follow this link: | Skip this button , you can login to |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| http:www.swimatlanta.com/hamiltonmill | your portal and enroll after |
| \frown | Disabilities (Leave blank if NONE) |
| | (2) |
| Registration | Special Needs (Leave blank if NONE) |
| Already a customer? Click here to login. | |
| Welcome to Swim Atlanta Hamilton MII Account Registration! Please complete the contact information below, and readingine to our potoles. This residentian from only creates you account. Once connelled you will then need to to into your account for Case Smithert. | Please be sum to select the correct class. This cannot be changed in the online registration pro coptrol us at 678-889-2039 |
| na agustan mini agustan yan acama, ana campana yan mini an na agusta ya mini agusta ya acama na dagu campana. | ENROLL IN CLASSES |
| REFERRAL INFORMATION How do you har about us? Referral Name* | SELECT CLASS |
| | |
| PAMILY INFORMATION | ADD ANOTHER STUDENT |
| Family Last Name" | |
| WHERE DO YOU LIVE? Home Address* | REQUIRED POLICIES + (|
| City* State* Zip* | + Registration & Program Details |
| Home or Primary Phone* | I've read the above and agree |
| • | + Absences & Make Up Classes |
| CONTACT #1 Contact #1 First Name* Type* | + Customer Cancellations, Changes and Session Transfers |
| | ☐ I've read the above and agree |
| | + Level Information |
| \frown | \frown |
| Be sure to read all | |
| 3 of our policies! | 4 Payment on file Is required to |
| | view and register for classes. |
| REQUIRED POLICIES | PAYMENT INFORMATION |
| + Registration & Program Details | CREDIT CARD |
| | |
| + Absences & Make Up Classes | Card Number* Exp Month* Exp Year* Card Nickname |
| + Customer Cancellations, Changes and Session Transfers | Name as it appears on card* |
| □ I've read the above and agree | |
| + Level Information | Address Line 1 |
| I've read the above and agree | |
| + Pool Closing and SwimAtlanta Class Cancellations | Address Line 2 |
| + Prenaration for the First Day of Classes | City State Zip* |
| ☐ I've read the above and agree | · · · · |
| + Student & Parent Protocal | SUBMIT REGISTRATION |
| I've read the above and agree | |
| I AGREE TO ALL OF THE ABOVE | 1 |
| Enter your Full Name* | |
| All done! Submit regio | stration then you can |
| | - |
| | oll and see enrollments |
| + Student & Parent Protocol I I've read the above and agree I AGREE TO ALL OF THE ABOVE Enter your Full Name* All done! Submit regis login to your parent po | Submit Registration |