SWIMATLANTA MASTERS REGISTRATION FORM

2	Mt. Bethel/Cobb (\$47 pe		ing:		
2	` .	•		dway (\$42 per	•
2	Ga Tech (\$42 per month	•		swell (\$42 per	•
2	Hamilton Mill (\$30 per m	-		garloaf (\$77 pe	-
2.	Do you have a child that swin	ns on the SwimAtlan	ta SWIM TE	AM? YES /	NO (circle one)
3.	Start Date: / /	(month/day/year,)		
4.	Full Name:				,
	First	Middle	La	st	
5.	Birth Date: / /	Sex:	MALE / FI	EMALE (circle	e one)
	Address:			•	,
	Street		City		Zip
7.	Phone #	Email Address:	-		•
	Medical Release (sign belo				
	event of illness or injury while	•	Swim Atlanta	Mootor's Toon	a and after an attempt be
	treatment by a medical doctor consideration of swimming we staff member present, I do he staff from any and all claims, practicing with team or from hereby releases SwimAtlanta claims, demands, and causes participation of the above nations.	vith the team, and the ereby release and ago liability, cost, and ex the procurement of r its successor, assig s of action whatsoev	e further cor ree to hold k xpenses aris nedical trea ins, officers er in any wa	nsideration of to plameless Swir sing out of or r tment as afore agents, and e y growing out	he coach and/or other nAtlanta, the coaches, a esulting from said perso said. The undersigned mployers, from any and of or resulting from the
	Signed:			_ Da	te:
9.	Payment Information:				
A.	I agree to the monthly tuition rate, listed above next to the location I selected, and understand that all tuition is due by the 10th of each month and is considered late after the 10th of each month.				
	I understand I have the option	n to pay by credit car	rd or offline	via cash or ch	eck.
B.	-				
	If I choose to pay by credit ca	ard, I agree for the be	elow credit c	ard to be char	ged on the 1 st of each
	If I choose to pay by credit ca month until I inform Caleb We				
C.		eir at 678-442-7946 o a/Mastercard/Discove	r <mark>swimteam</mark> erCard] I wil	accounts@swi	<u>matlanta.com</u> otherwise
C. D.	month until I inform Caleb We If I chose to pay by card [Visa	eir at 678-442-7946 o a/Mastercard/Discove red by SwimAtlanta. derstand I can either	r <mark>swimteam</mark> erCard] I will r be submitt	accounts@swi I pay a 2.95% t ed to my traini	matlanta.com otherwise ransaction fee that is
C. D. E.	month until I inform Caleb We If I chose to pay by card [Visa reflective of actual cost incur If I choose to pay offline, I un	eir at 678-442-7946 o a/Mastercard/Discove red by SwimAtlanta. derstand I can either te #702, Lawrencevill ning or take a break t Weir (contact inforn	r swimteamer card] I will r be submittee, GA 30044 from training tration listed	accounts@swi I pay a 2.95% t ed to my traini o g for any reaso above) prior to	matlanta.com otherwise ransaction fee that is ng location or mailed to:
C.	month until I inform Caleb We If I chose to pay by card [Visa	eir at 678-442-7946 o a/Mastercard/Discove	r <mark>swimteam</mark> erCard] I wil	accounts@swi	<u>matlanta.com</u> otherwis