TRITONS Registration Form

Adult Swim Clinic
May 22nd, 2011

Swimmer's Name: _____ _____ _____
First M. Last

Address: _____ Phone: _____

_____ Email: _____

_____

I fully understand and agree that the Amherst Tritons Swim Team assumes no responsibility or liability for injuries or loss of property which may occur during swim team activities. In consideration of the acceptance of registration, the undersigned hereby waives any claim of cause and action which might occur to him or her against the Amherst Tritons Swim Team by reason of injuries or damages to the property arising out of swim team activities.

_____ _____
Signature Date

Preferred Session: __ 8:00 – 9:30 am w/ Nutrition Session afterward from 9:45 to 10:15 am
or __ 10:30 – 12:00 noon w/ Nutrition Session beforehand from 9:45 to 10:15 am

Payment must be enclosed: ___$20.00 for High School or College Students
or ___$25.00 all other adults

Return by May 15th. Space is limited, so reply early. If space is available, walk-in registrations will be taken the day of the program at $35.00/per person (check www.atst.org to see if space is available). All information must be provided along with payment to ATST to reserve a place in one of the sessions. You will be contacted by email to confirm your registration.

Rate your current swimming ability:
__ 1 – Recreational Swimmer (swim on occasion, not on any regular schedule)
__ 2 – New to Swimming Training (swimming on a regular schedule for fitness/competition)
__ 3 – Experienced Triathlete /Open Water Swimmer /fitness swimmer but stroke needs fair amount of improvement
__4 – Experienced Triathlete/Open Water Swimmer/Fitness Swimmer and stroke only needs minor adjustments

Briefly describe your goals and/or expectations for this clinic on the back of this form.

Return to: ATST, P.O. Box 2126, Amherst, MA 01004