



TS AQUATICS REGISTRATION FORM(Please fill all Fields)
Tamarac – Caporella Aquatic Center

Swimmer's First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____

Full Address: _____

City: _____ Country: _____ ZIP: _____

Parent #1 Name: _____

Parent #2 Name: _____

Home Phone #: _____

Work Phone (Parent #1): _____ Work Phone (Parent #2): _____

Cell Phone (Parent #1): _____ Cell Phone(Parent #2): _____

Invoice e-mail address: _____

Emergency contact if you cannot be reached (Name) _____

Relation: _____ Phone #: _____

FINANCIAL OBLIGATIONS

MONTHLY FEES		ANNUAL FEES	
Group (Please check your group)	US\$	City Pool Pass:	US\$
		City of Tamarac: (_____)	53
		City of North Lauderdale: (_____)	
Senior Group 1	115	USA SWIMMING REGISTRATION:	
Senior Group2	125	New Swimmer: (_____)	70
		Transfer: (_____)	
		ADMINISTRATION FEE:	20
Age Group 1	100		
Age Group 2	110	TOTAL: ANNUAL FEES:	
Pre Team FITNESS	55	TEAM UNIFORM:	
Pre Team 1	70	TEAM CAP (BLUE) QUANTITY (_____)	15
Pre Team 2	80	TEAM T SHIRT (SHORT SLEEVE) QUANTITY (_____)	12
		TEAM HOODIE (With NAME on Back) QUANTITY (_____)	35
		SIZE (ADULT): S - M - L - XL	
YOUR TOTAL (US\$):		ATTENTION: New to the sport swimmers are required to have a kick-board and fins for each practice session. Available at www.tsaquatics.com (TEAM STORE).	
		VOLUNTEERS NEEDED: To be successful, we need all families to volunteer. Please sign up for at least two(2) team home meets and two(2) team activities per calendar year.	

