



Marietta Marlins 2017-18 DISCOVERY Registration

Date: _____

New Swimmer **Returning swimmer** (Please fill out ONLY name and the information that is different from last season's registration.)

Please sign up for BOTH team email news and text messages on our website mymariettamarlins.com This is the ordinary way we send out news and announcements; it's the main way you stay connected to what's happening.

Practice Location: Mountain View Aquatic Center **MVAC** See **MVAC** schedule revised 10/13/17
 Cherokee County Aquatic Center **CCAC** See **CCAC** schedule

<p>In the Fall, a registration fee of \$78 must accompany each registration. Registration fees are NON-refundable. Unused swim sessions during the 12-week semester are NOT transferrable or refunded. Registration fee includes a Marlins swim cap and team t-shirt. NO swimmer may enter water before payment of fees.</p> <p>Please make checks payable & mailed to: Marietta Marlins, Inc. PO Box 669503 Marietta, GA 30066 (678) 899-6888</p>	<p>Discovery 1 3x a week for 12 weeks \$358 Discovery 2 2x a week for 12 weeks \$298 Discovery 3 1x a week for 12 weeks \$188</p> <p style="text-align: center;">FALL 12 WK SESSION Sept 5—Nov 25 WINTER 12 WK SESSION Jan 2—Mar 24 SPRING 12 WK SESSION Apr 9—June 30</p> <p>CIRCLE CHOICE OF START TIMES & DAYS AT MVAC: <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Saturday 10am or 10:45am <input type="checkbox"/> Tues <input type="checkbox"/> Thurs 2:45pm 3:30pm 5:45pm (All sessions 45min.)</p>
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Swimmer Information (please print)

Last Name:		First Name:		Middle:	
Preferred name:		Age:	DOB:	Sex: M ___ F ___	
Street address:					
City, State, Zip:					
Telephone (home):			Telephone (cell):		
E-Mail:					
Previous USAS team:			Last date represented:		
T-Shirt preferred size (circle one): Youth-Lg Adult-Sm Adult-Med Adult-Lg Adult-XL					
Previous swimming experience (if swimmer has been with another USS team, include a list of best times)					
Other sports, activities, etc. in which you participate:					

Parent or Guardian Information (please print)

Name:	Telephone (home):
Occupation:	Telephone (cell or work):
Email:	Send USA Swimming e-newsletter: Yes ___ No ___
Spouse Name:	Telephone (home):
Occupation:	Telephone (cell or work):
Email:	Send USA Swimming e-newsletter: Yes ___ No ___