

Selah Dolphins Swim Team Registration Form 2011 Season

Name(s) of swimmer: _____

Today's Date _____

Swimmers # if applicable

- | | | | | | |
|----|-------|-------|-----|-------|------------|
| 1. | _____ | M / F | DOB | _____ | cell _____ |
| 2. | _____ | M / F | DOB | _____ | cell _____ |
| 3. | _____ | M / F | DOB | _____ | cell _____ |
| 4. | _____ | M / F | DOB | _____ | cell _____ |

Allergies or other issues that may affect child's participation in the swim program? Please explain.

Parent's/Guardian's Information

Lives with:
 Mom & Dad Mom Dad Other _____

Other Parent /Guardian
 N/A leave blank Mom Dad Other _____

Name: _____

Name: _____

Email: _____

Email: _____

Address: _____

Address: _____

City/zip: _____

City/zip: _____

Home phone: _____

Home phone: _____

Cell _____

Cell _____

Other Information _____

Other Information _____

Additional Emergency Contact: _____ Phone #: _____

Family Physician: _____ Phone #: _____ Hospital Preference _____

Insurance Company: _____ Policy #: _____

Dolphin Costs: ++++++ Please allow a team registrar to help you complete this portion+++++

Registration: \$95 first swimmer, \$60 second swimmer, \$ 10 additional swimmers

- | | |
|------------|----------|
| Name _____ | \$ _____ |
| Name _____ | \$ _____ |
| Name _____ | \$ _____ |
| Name _____ | \$ _____ |

Team Suit (optional) Male \$ 37 Female \$ 58

- | | | | |
|-------------|-----|------------|--------------|
| Name: _____ | M F | Size _____ | Amt.\$ _____ |
| Name: _____ | M F | Size _____ | Amt.\$ _____ |
| Name: _____ | M F | Size _____ | Amt.\$ _____ |
| Name: _____ | M F | Size _____ | Amt.\$ _____ |

AAU Cards: \$12 each. *If you already have an AAU card, you must provide a copy before the first practice.*

- | | |
|------------|----------|
| Name _____ | \$ _____ |
| Name _____ | \$ _____ |
| Name _____ | \$ _____ |
| Name _____ | \$ _____ |

Pool Pass You must purchase your pool pass separately from the Salah Parks & Rec.

- Family Pass No: _____
- | | |
|-------------|----------|
| Name: _____ | No _____ |
| Name: _____ | No _____ |

Total Fees Due _____

All Fees must be PAID IN FULL before swimmers are allowed in the water

Amount Paid _____

Check #: _____ Cash _____ Date _____

Amount Paid _____

Check #: _____ Cash _____ Date _____

Amount Paid _____

Check #: _____ Cash _____ Date _____

Regis- tration
Medical
AAU
Pool Pass
Eligibility
Code of Conduct
Con- cussion

REFUND POLICY: SDST will refund **Registration fee** 100% up to June 10, then 50% thru June 17th, **only**. AAU cards are non-refundable as SDST has no control over this entity. Pool Pass purchase and refund will be handled by Salah Parks & Recs, **only**.

2011 Parent/Guardian Permission And Authorization To Treat A Minor:

I/We, the undersigned parent(s)/guardian(s) of _____

_____,
a minor(s), do hereby authorize the coach or team representative (not to exclude others that may bring my child in for emergency treatment) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of this hospital or emergency clinic.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization shall remain in effect indefinitely or until revoked in writing.

As parent(s)/guardian(s) of the above-named minor(s), I/we give permission for him/her to participate as a member of the Selah Dolphin Swim Team for the 2011 season. I/We understand that in the event of an emergency, every attempt will be made to reach me/us using the contact numbers I/we have provided. In the event that I/we cannot be reached, I/we given permission for my child to be taken to the doctor and/or hospital that I have indicated on this form.

I/We hereby voluntarily waive any claim against the Selah Dolphin Swim Team for any accident or other situation, which arises in connection with travel to, attendance at, or participation at any practice or swim meet. Furthermore, should my child/children require medical treatment or hospitalization for any accident or illness during these activities, the attending physician and/or hospital is authorized to release such diagnostic and treatment information as may be needed to complete any insurance claim.

Parent/Guardian Signature
(circle one)

Date

(rev. 4/11)