

# THE DOLPHIN CLUB OF TROY

## 2023 Swim Team Application

**Children must be able to pass a swim test, with sole discretion as to the eligibility determined by the coaches.** Coaches will hold swimmer evaluations on the first day of practice to determine the swimmer eligibility.

Parent/Guardian Name: \_\_\_\_\_ Dolphin Member: Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_ Cell # for remind \_\_\_\_\_

Were you on Dolphin Swim Team last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_

### Swim Team

\$50.00 Individual     \$90.00 2 children     \$120.00 3 children     \$25.00 each additional child

### Swim and Dive

\$65.00 Individual     \$115.00 2 children     \$155.00 3 children     \$25.00 each additional child

### Dive Only

\$25.00 Individual     \$35.00 2 children     \$ 45.00 3 children     \$10.00 each additional child

### Mighty Mites Choose One (subject to coaches' approval)

- |   |  |
|---|--|
| <input type="checkbox"/> \$45.00 Individual | <b>Mighty Mites 10:15 – 11:00 AM</b>       |
| <input type="checkbox"/> \$65.00 2 Children | Mon, Wed, & Fri: Approximate Age 4-6 _____ |
| <input type="checkbox"/> \$85.00 3 Children | Tues. & Thurs. Approximate Ages 3-4 _____  |

### Non-Membership fee (one per family)

\$75.00 If you are not currently a member of the Dolphin Swim Club a \$75.00 family fee is required.

### Swimmer Information

1. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: S S/D D MM

Male Female

2. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: S S/D D MM

Male Female

3. Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: S S/D D MM

Male Female

## Important Emergency/Medical Information

In case of an emergency, contact the following people in order:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to swimmer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to swimmer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to swimmer: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ office #: \_\_\_\_\_

Other medical information important for coaches to know: \_\_\_\_\_

\_\_\_\_\_

**Medical Authorization:** The undersigned parent and/or guardian of the above listed child(ren), hereby grants to the coaches/officers of The Dolphin Swim Team the right to give authorization for the care and treatment of any bodily injury to the above swimmer(s) while swimming or traveling with the team.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Media and Use of Name:** Volunteers on behalf of the Dolphin Swim Club frequently take photographs of swimmer's participation in their events and related activities and these swimmers and/or parents may be interviewed by TV, radio, and print media during events and activities. These may be used for public relations purposes. It is the right of each individual and their guardian to determine whether or not his/her photo and/or name may be used. If you do NOT want you or your child's picture or name used, you MUST inform The Dolphin Swim Club coach, volunteer, or representative prior to the start of EACH event. You are responsible for removing yourself or your child from any media equipment's line of sight or recording range, otherwise, it will be deemed that you have given your consent to participate or for your child/children to participate in media activities set forth in this section. All normal Dolphin Club rules apply during any event associated with the swim team. Signing below acknowledges that you, as parent/legal guardian will be responsible for enforcement of the Dolphin Club Rules and Regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

TOTAL \$ \_\_\_\_\_ TYPE:  Cash  Credit Card  Check # \_\_\_\_\_ RCVD by/Date: \_\_\_\_\_

**Coach contacted the family about Mighty Mites. Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Will be in: Mon./Wed./Fri \_\_\_\_\_ Tues/Thurs \_\_\_\_\_

Name: \_\_\_\_\_ Will be in Mon/Wed/Fri \_\_\_\_\_ Tues/Thurs \_\_\_\_\_