



THE DOLPHIN CLUB OF TROY

2021 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 OR NO _____

ADDRESS: _____ CELL # for remind _____

Were you on Dolphin Swim Team last year? YES or NO Email: _____

Swim Team

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

Swim and Dive

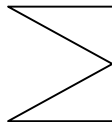
\$60.00 Individual \$110.00 2 children \$150.00 3 children \$20.00 each additional child

Dive Only

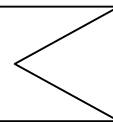
\$20.00 Individual \$30.00 2 children \$ 40.00 3 children \$10.00 each additional child

Mighty Mites ~ a part of the swim team...

- \$45.00 Individual
- \$65.00 2 Children
- \$85.00 3 Children



Swim Lessons 10:15 – 11:00 AM
Mon, Wed, & Fri: Age 4-6
Tues. & Thurs. Ages 3-4



Non-Membership fee

\$60.00 If you are not currently a member of the Dolphin Swim Club a \$60.00/family fee is required.

Swimmer Information

1. Name:	Birthdate:	Age:	<input type="checkbox"/> S <input type="checkbox"/> S/D <input type="checkbox"/> D <input type="checkbox"/> MM M/F
2. Name:	Birthdate:	Age:	<input type="checkbox"/> S <input type="checkbox"/> S/D <input type="checkbox"/> D <input type="checkbox"/> MM M/F
3. Name:	Birthdate:	Age:	<input type="checkbox"/> S <input type="checkbox"/> S/D <input type="checkbox"/> D <input type="checkbox"/> MM M/F

Office Use Only

TOTAL: \$ _____ Type: cash credit card check # _____ RCVD by/Date: _____

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: _____