



# THE DOLPHIN CLUB OF TROY

## 2018 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 swimmer eligibility.



Parent's Names: \_\_\_\_\_ Dolphin Member: **Yes or No**

Address: \_\_\_\_\_ Cell # for Remind \_\_\_\_\_

Were you on Dolphin Swim Team last year? **Yes or No** Email: \_\_\_\_\_

### 2018 Swim & Dive Team + \$60 Non-Member fee one/time/family if applicable

Swim Team Only -		Swim and Dive		Dive Only	
_____	\$50.00 Individual	_____	\$60.00 Individual	_____	\$20.00 Individual
_____	\$90.00 2 Children	_____	\$110.00 2 Children	_____	\$30.00 2 Children
_____	\$120.00 3 Children	_____	\$150.00 3 Children	_____	\$40.00 3 Children
_____	\$20.00 Additional Child	_____	\$20.00 Additional child	_____	\$10.00 Additional child
_____	<b>*\$60.00 Non-Member Fee</b>	_____	<b>*\$60.00 Non-Member Fee</b>	_____	<b>*\$60.00 Non-Member Fee</b>

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

_____	\$ 45.00 Individual	<u>Swim Lessons 10:15 - 11:00 am</u> <b>Mon, Wed &amp; Fri: Age 4 - 6 til 7/8</b> <b>Tues &amp; Thurs: Age 3 - 4 til 7/7</b>
_____	\$ 65.00 2 Children	
_____	\$ 85.00 3 Children	



#### Office Use Only

Total: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Type: \_\_\_\_\_

### Swimmer Information - additional swimmers on back

1st Swimmer's Name: _____	Birthdate: _____	Age: _____	Male / Female
2nd Swimmer's Name: _____	Birthdate: _____	Age: _____	Male / Female
3rd Swimmer's Name: _____	Birthdate: _____	Age: _____	Male / Female

### Important Emergency/Medical Information

In case of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office #: \_\_\_\_\_

Other Medical Information, important for coaches: \_\_\_\_\_

**Medical Authorization** The undersigned parent and/or legal guardian of the above listed children, herby 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 swimmers 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 or 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 the 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:** \_\_\_\_\_