BLUE DOLPHIN SWIM TEAM REGISTRATION FORM

Swimmer's Name *(Please Print Clearly)*

_____ _____ ____/____/_____ MALE FEMALE
First M.I. Last Current Age Birth Date (Circle One)

_____ _____ _____
Street Address City Zip Code

_____ _____ _____
Mailing Address (If Different) Grade School

_____ _____ _____
Home Telephone Number Mother's Work / Cell Telephone Number Father's Work / Cell Telephone Number

_____ _____
E-Mail Address Emergency Contact OTHER THAN PARENT (Name & Telephone Number)

_____ _____
Medical Conditions or Restrictions Doctor's Name & Telephone Number

Child Lives With: ☐ Mother ONLY ☐ Father ONLY ☐ Both ☐ Other: _____

Swimming experience:_____

Special Requests/Additional Information:_____

_____

I/ We, the CUSTODIAL parents / guardians of the above-named participant, hereby give my / our approval to his / her participation in any and all Blue Dolphin Swim Team activities associated with the specified sport. I / We assume all risks and hazards incidental to such participation **including transportation to and from the activities.** I / We do hereby waive, release and relinquish any and all right or claim to damages which may be sustained in connection with or as a result of engaging as a player in said activities, except to the extent of and the amount covered by accident insurance, **WHICH IS SECONDARY INSURANCE** and may be limited in coverage with a high deductible. This release applies to the officials of Blue Dolphin Swim Team, sponsors of teams, officers and board members and all employees of said Association. I / We also hereby grant permission to the adult manager or coach to obtain medical care from any licensed physician, hospital or medical clinic for our son or daughter while participant is away from their legal address for the purpose of participation in Blue Dolphin Swim Team activities. **I / We agree to return at the end of the season the uniform and any other equipment issued to our child in as good a condition as when received, except for normal wear and tear. I / We understand that we will be billed for missing or damaged uniforms or equipment.** I hereby certify that I am the custodial parent or lawfully appointed guardian of the above-named child.

Mother's Name _____ Father's Name _____
(Please Print) *(Please Print)*

Parent (or Guardian's) Signature _____ Date _____

I have read, and agree to abide by, the PARENT CODE OF ETHICS, and that,
I have reviewed the PLAYER CODE OF ETHICS with my child(ren). (Shown separately)
(Registration will not be accepted without initials) **INITIAL HERE** _____

SHIRT SIZE: (CIRCLE ONE) YOUTH SMALL YOUTH MEDIUM YOUTH LARGE YOUTH XLARGE

ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT XLARGE

FOR OFFICE USE ONLY

DATE _____ AMOUNT PAID _____ CHECK #_____ CASH

LEVEL ASSIGNMENT: ☐ **Novice**

(Determined by Coaching staff) ☐ **Intermediate**

☐ **Advanced**