

Dolphin Club 2009-2010 Registration Form

PLEASE PRINT

SWIMMER INFORMATION (please fill out this information for EACH swimmer)

Name: _____
First name Preferred name (optional) Middle Initial Last name

Birthday: ___/___/___ Male Female
Month Day Year

Swim group: Dolphin White Red Black

Have you swam on a year-round team before? Yes No If yes, which one? _____

Have you swam on a summer team before? Yes No If yes, which one? _____

Any medical conditions about which we should know? _____

Disability: Blind or visually impaired Physical disability
 Deaf or hearing impaired Cognitive disability
 Please describe _____

Ethnicity: Asian or Pacific Island Black or African American
 Caucasian Hispanic
 Native American _____ Decline to answer

(Why do we ask for this information? USA Swimming asks clubs for demographic data to help them better enable and empower individuals to participate in swimming regardless of race, gender, or disability. A coach will be happy to speak with you in more detail if desired.)

PARENT or GUARDIAN INFORMATION (only need to fill out ONCE per family)

	<small>Parent/Guardian 1</small>	<small>Parent/Guardian 2</small>
Name:	_____ First name	_____ First name
	_____ Last name	_____ Last name
Address:	_____ Street address	_____ Street address
	_____ City State Zip code	_____ City State Zip code
Contact:	(____)____-____ Home phone number	(____)____-____ Home phone number
	(____)____-____ Cell or work phone number	(____)____-____ Cell or work phone number
	_____ E-mail address	_____ E-mail address

Emergency Contact

Name(s)

Street address

City State Zip

(____)____-____
Phone number

Doctor Information

Name(s)

Street address

City State Zip

(____)____-____
Phone number

Preferred contact method E-mail Home phone Cell/work

Payment information:

Dolphin _____ x \$ 400 / 510 = \$ _____
member / non-member

White _____ x \$ 500 / 610 = \$ _____

Red _____ x \$ 540 / 650 = \$ _____

Black _____ x \$ 570 / 680 = \$ _____

Sub-total (all swimmer dues) \$ _____

Discount (\$100 per child after first)

swimmers _____ - 1 = _____ x \$100 = \$ _____

TOTAL \$ _____

Paying by: Check Credit Card (VISA, MC, or AMEX)

Check # / Credit Card # _____

Security code _____

Card expiration date ___ / ___

Signature _____

Please make all checks payable to Weinstein JCC

Return all registration materials and fees to Aquatics Director, Kim Field