



OFFICE USE ONLY
TOTAL: \$ _____
PAID \$ _____
DUE \$ _____
DATE: _____
<input type="checkbox"/> CHRG <input type="checkbox"/> CHECK <input type="checkbox"/> CASH
INITIALS

HI 2009 BCRD DOLPHINS SWIM TEAM HI

ALL DOLPHINS AGE 5-18 MUST BE ABLE TO SWIM 25 YARDS

- \$175.00 includes all training, swim cap and swim meet entries.
- \$235.00 includes **season pass**, training, swim cap and swim meet entries (**Save \$15.00 on season pass**)

If these fees are not paid in full, the swimmer will not be allowed to swim in Championships. Full payment due July 10th

Name _____ Age _____ Boy Girl DOB ____/____/____

Mailing Address _____ City _____

Legal Guardians _____ Home-Phone _____

E- mail address _____ Work-Phone _____

Emergency Contact/Phone _____

Please list any special needs or medical conditions your child has:

Parents Consent & Responsibility:

I hereby certify that the named child/ward _____ is physically fit, has medical insurance and has been given consent to participate in aquatic activities. I understand that all safety precautions will be taken, but in the event of accident or injury, BCRD, coaches or agents cannot be held responsible and I do hereby waiver, relinquish, and release all rights to damages that may be sustained. This waiver also gives BCRD permission to take and use photographs of my child participating in the program for publicity purposes. Staff members have my permission to seek emergency treatment, if needed.

Parent Signature _____ Date _____