



# North Lake Dolphins Swim Team

## SWIM TEAM REGISTRATION FORM

SWIMMER'S LAST NAME \_\_\_\_\_

Please mail or deliver your Registration Form, Release Form, and Payment to the following address:

North Lake Swim Team c/o Jeffrey Currier  
18709 White Sands Drive, Germantown, MD 20874

SWIMMER'S ADDRESS: \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**NOTE: The Federation requires either a pool membership or a \$50 pool use fee in order to join the swim team.**

SWIMMER'S NAME		GENDER (M/F)	AGE	DATE OF BIRTH (AS OF JUNE 1, 17)	T-SHIRT SIZE	COST	
1 <sup>st</sup>						\$ 125.00	
2 <sup>nd</sup>						\$ 125.00	
3 <sup>rd</sup>						\$ 125.00	
4 <sup>th</sup>						\$ 125.00	
5 <sup>th</sup>						\$ 125.00	
6 <sup>th</sup>						\$ 125.00	
						Subtotal	
					NLD Swim Caps	\$5 each	
TOTAL REGISTRATION FEES (Make Check payable to <b>NORTH LAKE DOLPHINS SWIM TEAM</b> )							

**PARENT/LEGAL GUARDIAN REQUIREMENTS:** Adult participation is required in order to make our swim meets successful. Each family is required to volunteer at least four meets (home and/or away). A link to sign up will be emailed once the final meet schedule is available. The swim team is run on VOLUNTEER power. If you do not sign up, you will be assigned 4 random dates.

**REFUND POLICY:** You must provide a written request no later than June 1<sup>st</sup> of the current year for a full refund.

**After June 1, there is NO REFUND.**

PARENT/LEGAL GUARDIAN –FIRST & LAST NAME PLEASE PRINT CLEARLY	RELATIONSHIP TO SWIMMER	PHONE	EMAIL (PLEASE PRINT CLEARLY)
EMERGENCY CONTACT –FIRST & LAST NAME PLEASE PRINT CLEARLY	RELATIONSHIP TO SWIMMER	PHONE	EMAIL (PLEASE PRINT CLEARLY)

**I have read and understood the North Lake Dolphins Handbook. I agree to the terms, policies, and conditions for my child(ren) to participate in the North Lake Dolphin Swim Team.**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Official Use Only**

Date Received: \_\_\_\_\_

Payment Type: Cash or Check # \_\_\_\_\_

Received by: \_\_\_\_\_

Payment Amount: \_\_\_\_\_



# North Lake Dolphins Swim Team

## RELEASE FORM

**SWIMMER(S) NAME(S)** \_\_\_\_\_

**PERMISSION:** ☐ YES

☐ NO

**PARENT INITIALS:** \_\_\_\_\_

I hereby grant permission for my child/children to be a member of the North Lake Dolphins Swim Team and to take part in swim practices and meets here and at other neighborhoods in the area. I understand that my child/children will not swim in practice or meets until required forms are submitted, and registration fees are paid in full.

**LIABILITY:** ☐ YES

☐ NO

**PARENT INITIALS:** \_\_\_\_\_

I do hereby assume all risks of personal injury involved in this activity, and I am aware of the serious accidents that may occur around a swimming pool. I agree that the North Lake Dolphins swim team, including its staff coaches, team sponsors, North Lake HOA and policy-setting board, individually or collectively, are neither responsible nor liable for injuries or losses incurred in the conduct of swim team activities.

I also understand that children, especially those who have not passed the swim test must be supervised by an adult guardian at all practices and meets. I understand that family members attending the meets are not permitted in the swimming pool before, during, or after the meets.

**MEDICAL:** ☐ YES

☐ NO

**PARENT INITIALS:** \_\_\_\_\_

I understand that if a child/children have any health problems that require medical attention (such as bee sting allergy, asthma, etc.), an adult must accompany that child at all times. I authorize the swim team coaches/lifeguards to administer first aid and/or get swimmer to physician or hospital for emergency treatment in the event it appears necessary and if neither parent(s) or guardian(s) cannot be contacted.

Please use the lines below to give us DETAILED information on any medical condition and or allergy your child has, so that coaches are aware of swimmer's conditions, and can ensure the safety of your child and his/her teammates.

SWIMMER'S NAME(S)	INFORMATION ON MEDICAL CONDITION

\_\_\_\_\_  
EMERGENCY CONTACT NAME

\_\_\_\_\_  
PHONE

**PARENT(S) STATEMENT:**

☐ YES

☐ NO

**PARENT INITIALS:** \_\_\_\_\_

I certify that my child(ren) is/are medically able to attend the North Lake Dolphins Swim Team practices and competitions. I hereby authorize the staff of the North Lake Dolphins to act on my behalf according to their best judgment in any emergency requiring medical attention. I give permission for a physician and/or hospital emergency room to administer necessary care.

**PHOTOGRAPHY:** ☐ YES

☐ NO

**PARENT INITIALS:** \_\_\_\_\_

I authorize North Lake Dolphins Swim Team to use photographs of my child/children/family. By signing and submitting this form, I agree to the terms and rules outlined in this release.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_