



Lacombe Dolphin Swim Club Registration 2019

Child Name: _____ Parents Name: _____

Date of Birth: _____ Age as of April 30, 2019 _____

Address: _____ Town: _____

Postal Code: _____

Phone(H) _____ (C) _____

Emergency Contact (other than parent): Name: _____

Phone: _____

AHC# _____

Medical Conditions/Medications/Allergies/Behavior _____

Email address: _____ Club info/updates

will come over email, if you need info another way please specify here:

Gender (circle) male or female

Previous Swim club (if applicable) _____ Last Swim level completed: _____

Multiple Children

Child Name: _____ Parents Name: _____

Date of Birth: _____ Age as of April 30,2019 _____

AHC# _____

Medical Conditions/Medications/Allergies/Behavior _____

Gender (circle) male or female

Previous Swim club (if applicable) _____ Last Swim level completed: _____

Child Name: _____ Parents Name: _____

Date of Birth: _____ Age as of April 30,2019 _____

AHC# _____

Medical Conditions/Medications/Allergies/Behavior _____

Gender (circle) male or female

Previous Swim club (if applicable) _____ Last Swim level completed: _____

Child Name: _____ Parents Name: _____

Date of Birth: _____ Age as of April 30,2019 _____

AHC# _____

Medical
Conditions/Medications/Allergies/Behavior _____

Gender (circle) male or female

Previous Swim club (if applicable) _____ Last Swim level completed: _____

Please Note: The levels are Junior, Intermediate, and Senior. The **coaches have final say** as to the program structure and which program your child swims in. Swimmers may be moved and the level structure changed to ensure children are in the appropriate level for their ability.

❖ **Parents are required to volunteer as officials. This includes the Lacombe Swim Meet and all meets your child attends (Including Regionals and Provincials). A sign up sheet will be available ♦**

- All parents/guardians are required to take the Timing course, which is available on-line Please indicate which you will take. NOTE: you MUST complete the Timing Course prior to the Stroke and Turn course.

Timing course: yes or no Stroke and Turn course: yes or no

- I agree to participate in fundraising

Signature Parent or Legal Guardian: _____

Coaches **CAN NOT** drive any children to swim meets. Initial _____

Release Form

In the case of EMERGENCY or INJURY every reasonable effort will be made to contact parents and/or Guardians. In the event that parent/legal guardian cannot be reached, permission is given to the Lacombe Dolphins Swim Clubs representative to seek required treatment.

I do hereby release, absolve, indemnify and save harmless the Lacombe Dolphin Swim Club, its coaches and officers, and all of them from any claim, which I or the swimmer may have result of his or her, participation. I do assume the entire risks and hazards incidental to this activity and hereby waive all claims, which I or the swimmer may have against the above- mentioned organization or individuals.

Signature Parent or Legal Guardian: _____ Date: _____

Team Swim Caps are mandatory for meets and can be purchased for \$10.00. This is not included in the registration fees.

JUNIORS

Full Season (May 2-Mid-August)

\$350 x _____ = _____

(includes all in Region swim meets, Regionals and Provincials)

Half Season (May 2-June 27)

\$250 x _____ = _____

(includes our Lacombe swim meet)

INTERMEDIATES

Full Season (May 1-Mid-August)

\$475 x _____ = _____

(includes all in Region swim meets, Regionals and Provincials)

Half Season (May 1-June 26)

\$375 x _____ = _____

(includes our Lacombe swim meet)

SENIORS

Full Season (May 1-Mid-August)

\$550 x _____ = _____

(includes all in Region swim meets, Regionals and Provincials)

Half Season (May 1-June 27)

\$450 x _____ = _____

(includes our Lacombe swim meet)

Subtotal \$ _____

Registration Night/AGM Discount: \$25 discount/ family (applies to Full Season Only), if you attend Registration Night/AGM.

-\$25/Family

Total \$ _____

Paid Full (April 1, 2019) \$ _____ chq # _____

Paid Half (April 1, 2019)) \$ _____ chq # _____

(June 1, 2019)) \$ _____ chq # _____

Fundraising Chq for \$200 (cashd May 1) chq # _____

Payments can be made: full payment - dated April 1, 2019 OR 50/50 split one cheque for 50% dated April 1, 2019 and one for remainder June 1, 2019. Any cancellations after April 1, 2019 will be charged a \$60 administration fee.

*All payments must be made by due dates or your swimmer will not be allowed in the pool.

FOIP

Freedom of Information of Privacy Act/Personal Information Protection Act requires that consent be obtained for collection and use of personal information.

Standard operation activities include, but are not limited to:

1. Individual photos that are taken at competitions or for awards presentations
2. Photos or videos that are used in electronic or print media.
3. Swimmer's name, gender and/or age classification and results or provincial team and youth recognition program that are used in swimming newsletters and other communications, in print form, electronic or otherwise.
4. The use of swimmer's name, gender, age and/or classification in team lists or databases to enable clubs to send data to other clubs, coaches, officials, Region Reps, ASSA or the Swim Alberta office.
5. Other activities within the Swimming Community

I hereby give my consent for the use of, and or release of publication of name, age, club affiliation and photo, digital, video or print, of participant.

Participants Name(s): _____

Parent/Guardian Signature: _____

Date: _____

I DO NOT give my consent for the use of, and or release of publication of name, age, club affiliation and photo, digital, video or print, of participant.

Participants Name(s): _____

Parent/Guardian Signature: _____

Date: _____