



Registration 2020

PROGRAMS OFFERED: schedules on Information Sheet

#1	Junior	Full Season \$350	Half Season \$250
#2	Intermediate	Full Season \$450	Half Season \$350
#3	Senior 1	Full Season \$500	Half Season \$400
#4	Senior 2	Full Season \$575	Half Season \$475

Included In Your Registration Fees:

Full Season: Training all season, All in Region Swim Meet Fees, Regional Meet Fees and Provincial Meet Fees

Half Season: Training from May 1 until June 29 and our Lacombe Swim Meet Fee

Fundraising: Each family is required to pay \$200, that they will be able to earn back by selling their raffle tickets. We also have 1 Bottle Drive at the beginning of the season that we would hope you all attend.

Contact Information:

Parent/Guardian Names: _____

Address: _____ City: _____ P.C: _____

Email address: _____

Club info/updates will come over email

Phone(H)_____ (C)_____

Emergency Contact (other than parent/guardian):

Name: _____

Phone: _____

Swimmer Information and Fees:

SWIMMER #1: Male or Female (circle)

Name: _____ DOB: _____ Age as of April 30,2020 _____

AHC# _____ MedicalConditions/Medications/Allergies/Behavior _____

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

Junior Intermediate Senior 1 or Senior 2 (circle) Full or Half (circle) \$ _____

SWIMMER #2: Male or Female (circle)

Name: _____ DOB: _____ Age as of April 30,2020 _____

AHC# _____ MedicalConditions/Medications/Allergies/Behavior _____

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

Junior Intermediate Senior 1 or Senior 2 (circle) Full or Half (circle) \$ _____

SWIMMER #3: Male or Female (circle)

Name: _____ DOB: _____ Age as of April 30,2020 _____

AHC# _____ MedicalConditions/Medications/Allergies/Behavior _____

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

Junior Intermediate Senior 1 or Senior 2 (circle) Full or Half (circle) \$ _____

SWIMMER #4: Male or Female (circle)

Name: _____ DOB: _____ Age as of April 30,2020 _____

AHC# _____ MedicalConditions/Medications/Allergies/Behavior _____

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

Junior Intermediate Senior 1 or Senior 2 (circle) Full or Half (circle) \$ _____

SubTotal (A)
Swimmer 1+2+3+4= Fees \$ _____

Subtotal (A) From previous page: \$ _____

Registration Night Discount: \$25 discount/Family. APPLIES TO FULL SEASON ONLY if you attend Registration Night.

-\$25/family \$- _____

Late Registration Fee of \$50 if registration is received after April 30, 2020

\$ _____

Total: \$ _____

PAYMENT OPTIONS:

Paid Full (April 1, 2020) \$ _____ Chq # _____

Paid Half (April 1, 2020) \$ _____ Chq # _____

(June 1, 2020) \$ _____ Chq# _____

Fundraising: \$200 (cashed May 1, 2020) Chq # _____

Payments can be made full payment dates April 1, 2020 or 50/50 split with 1 cheque dated April 1, 2020 and 1 cheque dated June 1, 2020. Any cancellations after April 1, 2020 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.

Make cheques payable to: Lacombe Dolphin Swim Club

Please Note: The **coaches have final say** as to the program structure and which program your child swims in. Swimmers may be moved throughout season to ensure children are in the appropriate level for their ability. If a swimmer is moved throughout the season payment will be adjusted accordingly.

PARENTS/GUARDIANS:

- **Parents/Guardians are required to volunteer as officials. This includes the Lacombe Swim Meet and all meets your child attends (if possible) this includes Regionals and Provincials.**
- **Parents/Guardians are required to volunteer at our Lacombe Swim Meet. There are many volunteering opportunities at this meet.**
- **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**
- **Parents are not permitted to speak to children or coaches during training time, to ensure safety for all swimmers. New “Safe Swim” Policy as per Swim Alberta.**

Signature Parent or Legal Guardian: _____

Date: _____

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: _____

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: _____