



Registration 2024

Training Groups Offered: schedules provided on Information Sheet

Junior	Full Season \$400	Half Season \$300
Intermediate /Senior	Full Season \$500	Half Season \$400

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.
**You can upgrade to full season at the end of the half season, but there will be additional 50.00 administration fee.*

Fundraising / Volunteering: Please see attached form

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

SWIMMER #1: Male or Female (circle)

Name: _____ DOB: _____ Age as of April 30, 2024 _____

Medical Conditions/Medications/Allergies/Behaviour _____

Previous Swim Club (if applicable) _____ Last Swim Level Completed _____

Junior or Intermediate/Senior (circle) Full or Half Season (Circle) \$ _____

SWIMMER #2: Male or Female (circle)

Name: _____ DOB: _____ Age as of April 30, 2024 _____

Medical Conditions/Medications/Allergies/Behaviour _____

Previous Swim Club (if applicable) _____ Last Swim Level Completed _____

Junior or Intermediate/Senior (circle) Full or Half Season (Circle) \$ _____

SWIMMER #3: Male or Female (circle)

Name: _____ DOB: _____ Age as of April 30, 2024 _____

Medical Conditions/Medications/Allergies/Behaviour _____

Previous Swim Club (if applicable) _____ Last Swim Level Completed _____

Junior or Intermediate/Senior (circle) Full or Half Season (Circle) \$ _____

SWIMMER #4: Male or Female (circle)

Name: _____ DOB: _____ Age as of April 30, 2024 _____

Medical Conditions/Medications/Allergies/Behaviour _____

Previous Swim Club (if applicable) _____ Last Swim Level Completed _____

Junior or Intermediate/Senior (circle) Full or Half Season (Circle) \$ _____

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

Subtotal (A) From Previous Page: \$ _____

Late Registration Fee of \$50 if registration is received after April 21, 2024

\$ _____

Total \$ _____

PAYMENT OPTIONS:

Paid Full (Upon Registration) \$ _____ **Chq #** _____

Paid Half (Upon Registration) \$ _____ **Chq #** _____

(Remaining June 1, 2024) \$ _____ **Chq #** _____

Fundraising: \$200 (Upon Registration) **Chq #** _____

Volunteering: \$250 (Upon Registration) **Chq #** _____

*Volunteering cheque is only cashed upon breach of volunteering contract

Any cancellations after April 24, 2024 will be charged a \$60 administration fee per swimmer. 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

E-transfers can be made to dolphinswimclublacombe@gmail.com.

Please note: **The Coaches have the final say** as to the training group your child swims in. Swimmers may be moved throughout the season to ensure children are in the appropriate training level for their ability. If a swimmer is moved during the season, payment will be adjusted accordingly on a prorated basis.

FUNDRAISING / VOLUNTEERING

- Each family is required to pay \$200 at time of registration to cover fundraising costs. This can be fully recouped by selling our annual raffle tickets.
- Summer swimming relies heavily on families volunteering to cover positions at the swim meets. There are many ways to help with this. Each family will be required to submit a \$250 cheque that will be returned at the end of the season upon fulfilling 4/6 opportunities below. We encourage and appreciate any additional volunteering that is done through out the swim season at other club meets as well.
 1. Annual Bottle Drive - great opportunity to mix and meet other families prior to the season starting
 2. Lacombe Meet Set-up - Friday June 7, 2024 evening
 3. Lacombe Meet Clean-up - Saturday June 8, 2024
 4. Lacombe Swim Meet - 1 volunteer shift
 5. Regionals Swim Meet Set-up - Friday August 9, 2024 during the day
 6. Regionals Swim Meet Take down - Sunday August 11, 2024

Signature of Parent / Legal Guardian: _____

Date: _____

PARENTS / GUARDIANS

- All Parents/Guardians are required to take the timing course which is available online, 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

- 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
- I understand that coaches **CAN NOT** drive any children to swim meets.

Signature of Parent / Legal Guardian: _____

Date: _____

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 as a 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 of Parent / 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 the 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 the participant.

Participants Name(s): _____

Parent/Guardian Signature: _____

Date: _____