

**Kelowna Dolphins Synchronized Swimming Club**  
**COMPETITIVE (SR)**

**Registration Form** (please print clearly)  
**2018 – 2019 Season**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Mother/Guardian 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Primary (main contact) Email Yes/No

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Primary (main contact) Email Yes/No

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Care Card Number: \_\_\_\_\_

**Medical Conditions** (i.e. allergies, medications, conditions or anything coaches should be aware of):

<b>Total Fees</b>	<b>Amount</b>	Paid in Full or Post-dated Cheque* Received (*payable to Kelowna Synchro Club)
Monthly Fee: September, 2017 – May, 2018	\$215	

Fees include: Pool and Coaching Fees, Synchro BC Registration, Insurance, and Meet Fees.

We require a two-month, written cancellation notice in the event that you and/or your child decide to not continue with synchronized swimming.

Initials \_\_\_\_\_

All swimmers will require the following items to participate in weekly practices:

One-piece sport bathing suit, Swim cap, Nose clip(s), Goggles, Towel(s), Water Bottle  
Yoga mat (optional)

Initials \_\_\_\_\_

All swimmers will require the following items to participate in the MANDATORY Interior Fun Meet and for figures at the other three meets:

Solid black one-piece bathing suit, Solid white swim cap, Nose clip(s), Goggles, Towel

Initials \_\_\_\_\_

All swimmers will require to purchase a team suit (decided on by the Coach) for competitions

Initials \_\_\_\_\_

Parents are expected to volunteer at meets to fulfill our Club's obligations

Initials \_\_\_\_\_

Do you give **PERMISSION** for your child to be photographed by the Club for media purposes:

Yes/No

Do you give **PERMISSION** for the Club to send you emails regarding club-related information:

Yes/No

In accordance with the Privacy Act, information on this form is collected to meet our liability insurance requirements, to assist with billing, to register swimmers for competitions, and to efficiently contact our swimmers and their families. I give permission for the Kelowna Dolphins Club to use information in this way and to include my phone number and e-mail address on the club's roster.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name printed

**Waiver:** I promise to observe the rules and regulations of the Kelowna Dolphins Club and help my child to do the same. I hereby authorize the Kelowna Dolphins administrators, coaches, and/or designated chaperones to provide general supervision and authorize any medical treatment they deem necessary while my child is participating at practices or meets. I hereby release the Kelowna Dolphins Club from any and all claims that I or my child may have against the club, as a result of injury, death to myself or my child, or loss/damage to property.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name printed

As the swimmer's legal parent/guardian I certify that all of the above information is true and complete.

**Parent/Guardian Signature:** \_\_\_\_\_  
\_\_\_\_\_

**Date:**

**Print Name:** \_\_\_\_\_