

Kelowna Dolphins Artistic Swimming
Aquago Winter 2024 Session
Registration Form

Athlete's Name: _____

DOB: _____ **Age:** _____

Parent/Guardian 1 Name: _____

Address: _____

Postal Code: _____ **Parent's birthdate** (for pool registration) _____

Email: _____ Primary (main contact) email - YES NO

Phone: _____ **Cell:** _____

Parent/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):

Total Fees	Amount
Winter Session -starting Jan 15 * no swimming Family Day, March break and Easter Monday	\$145 for new swimmers \$100 for returning aqua go swimmers - E-transfer to treasurer@kelownadolphins.com

Fees include: Pool and Coaching Fees, Synchro BC Registration, Insurance, Dolphins swim cap

Suits:

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,
 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 Kelowna Dolphins Artistic Swimming 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 Kelowna Dolphins Artistic Swimming 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: _____

Send completed registration forms to: **registrar@kelownadolphins.com**