

**Kelowna Dolphins Artistic Swimming
Beginner (Thursday)
2019 – 2020 Season**

(please print clearly)

Child's Name: _____ **DOB:** _____ **Age:** _____

Mother/Guardian 1 Name: _____

Address: _____

Postal Code: _____

Email: _____

Phone: _____ **Cell:** _____

Father/Guardian 2 Name: _____

Email: _____

Phone: _____ **Cell:** _____

Emergency Contact: _____

Phone: _____

Doctor Name: _____ **Care Card Number:** _____

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

Fees:

Total Fees	Amount	Paid in Full or Post-dated Cheque* Received (*payable to Kelowna Synchro Club)
Monthly	\$90	

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

Initials _____

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), Yoga mat (optional)

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: _____