

**Kelowna Dolphins Synchronized Swimming Club**  
**Winter Registration Form** - Beginner Synchro  
**2018 – 2019 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):

Total Fees	Amount	Paid in Full or Post-dated Cheque* Received (*payable to Kelowna Synchro Club) or etransfer to <a href="mailto:kelownadolphins@hotmail.com">kelownadolphins@hotmail.com</a>
14-week Session Fee: January to April 2019 (Beginner rec takes a two week break over spring break)	\$290	

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 \_\_\_\_\_

**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:** \_\_\_\_\_