

**Kelowna Dolphins Artistic Swimming**  
**Beginner Session**  
**Registration Form**  
**Fall 2021**

**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
Beginner session	\$90

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

**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,  
 Kickboard, non-medical mask

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