

Kelowna Dolphins Artistic Swimming Intro To Competition Registration Form 2021 – 2022 Season (please print clearly)

Athlete's Name: _____

DOB: _____ **Age:** _____

Parent/Guardian 1 Name: _____

Parent's birthdate (for pool registration) _____

Address: _____ **Postal Code:** _____

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	Paid in Full or Post-dated Cheque* Received (*payable to Kelowna Synchro Club)
Monthly Fee: September 2021 – April 2022	\$150	
*Meet Entry Fee - Interior Fun Meet	TBA	

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: _____