

# Kelowna Dolphins Artistic Swimming Masters Registration Form 2021 – 2022 Season (please print clearly)

**Athlete's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**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)
Monthly Fee: September 2021 – May 2022	\$100	
Interior Fun Meet	TBA	
*Meet Entry Fee –Mable Moran	TBA	

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

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), Water Bottle, Yoga mat, kickboard Initials \_\_\_\_\_

All swimmers will require the following items to participate in the MANDATORY Interior Fun Meet: Solid black one-piece bathing suit, Solid white swim cap, Nose clip(s), Goggles, Towel Routine Suit as decided upon by the coach and athletes. Initials \_\_\_\_\_

Do you give **PERMISSION** 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. 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 participating at practices or meets. I hereby release Kelowna Dolphins Artistic Swimming from any and all claims that I may have against the club, as a result of injury, death to myself, or loss/damage to property.

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Signature

Name printed

Date: