



# 2016 Dolphins Swim Team Registration Form



Fees: \$65/participant (resident), \$70/participant (non-resident)

*\*Must show proof of residency at time of registration.*

*\*\*Must be able to swim 25 yards front and back stroke unassisted*

### **Registration Deadline is May 31<sup>st</sup>, 2016**

There will be a \$10 cancellation fee/participant.

### **Main Contact (all information is required. Please print and write legibly):**

Name (Last, First): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number to Contact for Cancellations/Changes \_\_\_\_\_

E-Mail: \_\_\_\_\_ How did you hear about the program? \_\_\_\_\_

I would like to be contacted for cancellations or changes by (circle one):    Phone Call    E-mail    Text Message

- 1. Guardian \_\_\_\_\_ Phone \_\_\_\_\_  Emergency Contact
- 2. Guardian \_\_\_\_\_ Phone \_\_\_\_\_  Emergency Contact

### **Participant(s) information:**

- 1. Participants Name \_\_\_\_\_  M  F    **Fee:** \$ \_\_\_\_\_  
 DOB \_\_\_\_\_ Age (as of June 1) \_\_\_\_\_ Grade (2015/2016 School Year) \_\_\_\_\_
- 2. Participants Name \_\_\_\_\_  M  F    **Fee:** \$ \_\_\_\_\_  
 DOB \_\_\_\_\_ Age (as of June 1) \_\_\_\_\_ Grade (2015/2016 School Year) \_\_\_\_\_
- 3. Participants Name \_\_\_\_\_  M  F    **Fee:** \$ \_\_\_\_\_  
 DOB \_\_\_\_\_ Age (as of June 1) \_\_\_\_\_ Grade (2015/2016 School Year) \_\_\_\_\_
- 4. Participants Name \_\_\_\_\_  M  F    **Fee:** \$ \_\_\_\_\_  
 DOB \_\_\_\_\_ Age (as of June 1) \_\_\_\_\_ Grade (2015/2016 School Year) \_\_\_\_\_

**Total Fees:** \$ \_\_\_\_\_

<b>Dates:</b>	May 31 <sup>st</sup> -June 30 <sup>th</sup>
<b>Times/Days:</b>	Practices: 8am-10am, Monday-Thursday Meets: Times and locations TBD, Fridays

**Parents, family members and friends are needed to volunteer at swim meets to make this program possible (no experience necessary). Please help us by volunteering. Volunteers from our team will be given a candy bar coupon redeemable at Bonner Springs Aquatic Park.**

**I, or someone I know, will volunteer to be a :** Stroke Judge \_\_\_\_\_ Timer: \_\_\_\_\_

Inclement weather hotline: 816-871-5047

**Medical**

Please list in detail the participant’s medical history, medical problems and any medications presently being taken in the space provided below. This information will be given to the coaches and staff on an as needed basis. If you require additional space, please type on separate form and attach it to this form.

This does not apply to my child(ren) :

Swimmer Name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WAIVER AND RELEASE**

In consideration of my (and/or my child’s) participation in this activity, I hereby release and discharge the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission and the officials, agents, and employees of each from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with, or in any way associated with the activity. In the event of emergency, I authorize City or Recreation Commission officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child’s) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City or Recreation Commission facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City or Recreation Commission to use at its discretion photograph(s) (black/white or color) taken of participants while participating in City or Recreation Commission programs and activities for marketing in print or by electronic means. Registration is not valid without signature.

In witness whereof, I/we have hereunto set our hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at Bonner Springs, KS.

X \_\_\_\_\_  
Participant has read all facility rules, waiver and release

X \_\_\_\_\_  
(Guardian and relationship if participant is a minor, has read all facility rules, waiver and release

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Entered in System \_\_\_\_\_

Credit Card: \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Total: \_\_\_\_\_