



# Dolphins Swim Team

## 2020 Registration Form

May 26 – June 26

**Fee:** Resident- \$80/participant  
Non-Resident- \$85/participant  
Additional \$10 for Parent T-Shirt

**Deadline:** Friday, May 22, 2020

**First Practice:** Tuesday, May 26, 2020 at 8:00 AM

**Location:** Bonner Springs Aquatic Park  
1200 South 134<sup>th</sup> Street  
Bonner Springs, KS 66012



**Additional Information:** Practices are held Monday – Thursday starting at 8:00 AM. Meets are held on Friday mornings starting at 7:00 AM. Parents will need to purchase a swim suit and goggles. Swimmer must be able to swim 25 yards front and back stroke unassisted. Registration includes swim cap, t-shirt, and end of the season party.

**Participants Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**School You Attend:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**T-shirt Size:** YS YM YL AS AM AL AXL **Parent T-shirt Sizes (optional):** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### 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. By signing, participant has read all facility rules, waiver and release for entire family and individual.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Receipt:** \_\_\_\_\_

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