

***Garden City Dolphins***  
***www.gardencitydolphins.com***  
**Registration 2017**

Name:

1<sup>st</sup> Swimmer \_\_\_\_\_ DOB \_\_\_\_\_

2<sup>nd</sup> Swimmer \_\_\_\_\_ DOB \_\_\_\_\_

3<sup>rd</sup> Swimmer \_\_\_\_\_ DOB \_\_\_\_\_

4<sup>th</sup> Swimmer \_\_\_\_\_ DOB \_\_\_\_\_

Note: All swimmers listed must be of the same household AND family.

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

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

Has your swimmer ever been on a swim team before?      YES      NO

**FEE Schedule**

- 1 Swimmer:                                 \$65**
- 2 Swimmers:                               \$120**
- 3 or more Swimmers:                 \$175**

**Make check payable to "Garden City Swim Club" and mail to**

**Garden City Swim Club  
P.O. Box 113  
Monroeville, PA 15146**

I hereby give my permission for my son/daughter to participate in Garden City Swim Club's Swim Team. I expect that the coaches will take reasonable precautions to ensure the safety of my child(ren). I understand that payment will be in full by the first day of practice and I will not receive a refund of any registration fees if my child(ren) is/are dismissed for disciplinary purposes.

- Yes. I grant permission for my child to be photographed for advertising purposes and the end of year swim team video.
- No. Please do not take or use any photos/video recordings of my child.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

Amount Paid \$\_\_\_\_\_

Date Paid\_\_\_\_\_