

Garden City Dolphins
www.gardencitydolphins.com
Swim Team Registration Form

Last Name: _____

1st Swimmer: _____ DOB: _____

2nd Swimmer: _____ DOB: _____

3rd Swimmer: _____ DOB: _____

4th 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

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: _____