

KINGMAN DOLPHINS YEAR-ROUND REGISTRATION

SWIMMER INFORMATION

Swimmer Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Tee Shirt size _____

PARENT/GAURDIAN INFORMATION

Mother Name _____ Work Phone _____
Father Name _____ Work Phone _____
Guardian Name _____ Work Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Phone _____
Alt Emergency Contact _____ Phone _____

FEE INFORMATION

The 2009-2010 year-round program is divided into four sessions for payment purposes. Payment is due to "KDST" at the beginning of each session. All fees must be paid before an athlete is allowed to participate in practices or meets. The fee structure is based on swimmer group placement.

Aug-Oct/Nov-Jan/Feb-Apr

Bronze I-III	\$165 for 1 st swimmer	\$150 for 2 nd family member	\$135 for 3 rd family member
Bronze IV	\$180 for 1 st swimmer	\$165 for 2 nd family member	\$150 for 3 rd family member
Silver/Gold	\$180 for 1 st swimmer	\$165 for 2 nd family member	\$150 for 3 rd family member

May-Jul (fees for summer session are lowered to normal summer rates)

In addition to the above session fees, there is an annual **AZ Swim Registration fee of \$57** for year round swimmers. This is payable to KDST.

A copy of the swimmers birth certificate must accompany this registration (new swimmers only)

MEDIA CONSENT

I the undersigned parent/legal guardian do hereby grant permission to Kingman Dolphins Swim Team (KDST) to release the name and picture of the above named swimmer participating in the KDST organization to the media and team website.

Parent/Guardian Signature _____

CONSENT FOR EMERGENCY CARE

I the undersigned parent/legal guardian of the above named swimmer participating in Kingman Dolphins Swim Team (KDST) organization, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said participant as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said participant should be injured or stricken ill while participating in the KDST sponsored activities.

Parent/Guardian Signature _____