

## DOLPHINS SWIM TEAM SWIM REGISTRATION FORM

Please fill in **ALL** information completely. The swimmer's initials and birth date are used by USA Swimming to produce their swimmer registration number, so make sure they are correct. **Nicknames should not be used.** If the swimmer has a current USAS number from another team, we must have that number and the LSC's name so that a transfer can be made. Emergency information and current home phone are also important. Please do not leave the swimmer at practice unless or until we have all of this information, so that if a problem arises, we know whom to contact and how.

Date: \_\_\_\_\_ **SWIMMER INFORMATION**

First Middle Last Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

DATE OF BIRTH (MM/DD/YY) \_\_\_\_\_

Address \_\_\_\_\_

E-MAIL: \_\_\_\_\_ **We do most of our communication through email.**

### **PARENT OR GUARDIAN INFORMATION (if swimmer is under age 18)**

*(Work phone will only be used for emergencies)*

Name(s) \_\_\_\_\_

Mom Work # and/or Cell# \_\_\_\_\_

Dad Work # and/or Cell# \_\_\_\_\_

### **EMERGENCY CONTACT OTHER THAN PARENT(S)**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

### **PLEASE MARK THOSE THAT APPLY:**

Active Duty \_\_\_\_\_ Retired \_\_\_\_\_ Reserves NG/RES \_\_\_\_\_

Spouse of Military \_\_\_\_\_ DOD Civilian \_\_\_\_\_ Civilian \_\_\_\_\_

### **MEDICAL OR SPECIAL CONSIDERATION:**

*Previous USA Swimming Registered?* Yes No

USA Swimming # \_\_\_\_\_ Team \_\_\_\_\_

Location \_\_\_\_\_ Date of Last Meet \_\_\_\_\_

**WE NEED A COPY OF YOUR CHILD'S BIRTH CERTIFICATE**

PARENT/GUARDIAN ACKNOWLEDGMENT/CERTIFICATION

## TERMS AND CONDITIONS OF MEMBERSHIP

1. By applying for membership, the individual swimmer (if over 18) or swimmer/parent(s) agree to adhere to the rules and conditions of membership of the team specified in the Constitution and Bylaws, published policies of the team, and the rules and provisions of USA Swimming, Inc., and South Texas Swimming, Inc. The team reserves the right to terminate membership as specified in the aforementioned documents.
2. All Swimmers must be registered with USA Swimming. Members of USA Swimming are covered with accidental insurance. You may elect to practice with the team for a five (5) day trial period. However, the swimmer will not be insured during this trial period. Swimmers who are not registered will not be allowed to practice or participate in any event requiring USA Swimming membership. USA Swimming membership fees will not be refunded for any reason. Registration cost for calendar year is \$66.00.
3. **Monthly dues are payable in advance on the 1<sup>st</sup> day of each month and are considered late on the 10<sup>th</sup>.** A late fee of \$5 per swimmer will be assessed if dues are not received by the 10<sup>th</sup>. **If payment is not received by the 15<sup>th</sup> of the month, the swimmer(s) will be turned away or forced to sit out at practice.** All dues, including previous month, late fees and current month, must be paid before swimmers will be entered in any competition or allowed to continue at practice.

### MONTHLY DUES – By Swim Group

Pre-competitive Swimmers:   **\$55**

Bronze 2 Swimmers:   **\$60**

Bronze 1, Silver & Gold Swimmers:   **\$65**

2<sup>nd</sup> swimmers:   **\$55**    Outreach:    **\$32**    Masters:    **\$65**

4. Swimmers who terminate during a month will not receive a refund for dues paid. Members who fail to pay dues for a month in which they participate in training activities are subject to termination of membership.
5. Swimmers will be allowed to take a break in membership when personal reasons warrant. The parent of a swimmer must discuss this with the coach and **notify the treasurer in writing by the 5<sup>th</sup> of the month** (including the expected length of the break) to maintain active status. Taking a break from membership for any reason other than medical necessity may affect the swimmer's award status for that season.
6. Swimmers whose behavior is disruptive or detrimental to the purpose or goals of the team are subject to disciplinary actions and/or dismissal from the team.
7. A trial period of five (5) working days is allowed when a swimmer first joins the program. However, the swimmer will not be insured during this trial period and until they are registered with USA Swimming.
8. This membership form must be completed and signed prior to the swimmer attending practice.

ACKNOWLEDGMENT: By signing this form, I confirm that I have read and understand the terms and conditions as well as the team fee schedule.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Must be parent or guardian if under 18)