

# ALT Sponsored Guest Dolphin's Swim Team Registration Form

Please check one: \_\_\_\_\_ New Swimmer \_\_\_\_\_ Returning Swimmer Number of Years Participating \_\_\_\_\_

Sponsoring ALT Property Owners Member Name: \_\_\_\_\_ Lot # \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ M F DOB. \_\_\_\_\_ Age as of June 15 \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ M F DOB. \_\_\_\_\_ Age as of June 15 \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ M F DOB. \_\_\_\_\_ Age as of June 15 \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Street Address \_\_\_\_\_ City, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail address \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Swimmers Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ ID/Group # \_\_\_\_\_

**Fees:** Early Bird Fees paid on or before June 1.  
1st swimmer: \$65\* each additional swimmer (same family): \$55\*  
**Late Fees:** \$40 Paid after June 1.  
Swimmers are not permitted in the pool until all forms are complete and all fees are paid. (NO EXCEPTIONS)  
\*Fee includes ALT pool usage fee

## Agreement to Participate and Medical Release

Having been informed of the organization of a swim team program for this summer season, I/We approve of (swimmer/swimmers listed above) participating in any or all program activities during the duration of the program. I/We hereby authorize ALT Dolphin's Swim Team, through the adult person in charge, into whose care my child (swimmer/swimmers listed above) has been entrusted, to consent to any emergency medical care necessary. It is understood that this authority is given in advance of the need of any diagnosis, treatment, or hospital care, but provides authority for the said adult person. This authorization releases Auburn Lake Trails Dolphin's Swim Team and Auburn Lake Trails POA from any and all liability.

### \_\_\_\_ Initials Refund Policy

100% of all funds paid will be returned if the board is notified **in writing** on or before Time Trials. Families dropping between Time Trials and June 30th will receive 50% of parent volunteer fees and 50% of registration fees if board is notified **in writing** on or before June 30. **NO REFUNDS WILL BE ISSUED AFTER JUNE 30.**

### \_\_\_\_ Initials Liability Disclaimer

In consideration of the benefit of membership in the Auburn Lake Trails Dolphin's Swim Team, I/We hereby absolve, release and waiver any and all liability claims or demands against Auburn Lake Trails, its officers, members, agents and employees which may arise out of or be related to injury, damage, or pecuniary loss to me or to any member of my family by reason of such membership and participation in ALT Dolphin's Swim Team.

\_\_\_\_ Initials Non ALT Property Owners of ALT Dolphin's Swim Team, do not obtain any additional access, rights or benefits to the ALT pool other than during ALT Dolphins swim team events. We cannot guarantee membership until final roster is, and only if the sponsoring ALT Property Owners Membership is in good standing with ALT POA. Should a Non ALT Property Owners of ALT Dolphin's Swim Team membership be withdrawn, all fees will be prorated and refunded accordingly.

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

Print Name \_\_\_\_\_ Relationship to swimmer: \_\_\_\_\_

\_\_\_\_\_  
**BOARD MEMBER TO COMPLETE SECTION BELOW**

Date Paid: \_\_\_\_\_ Cash Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Verified Permanent Guest list: \_\_\_\_\_

## Photo Release for Children Under 18 Years of Age

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\_\_\_\_\_ **Initials** I hereby grant to the Dolphins' Board Members and to its volunteer parents the right to photograph my swimmers and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness, **without my swimmers name** for any lawful purpose, including for example such purposes as publicity, illustration, and Web Page content.

**Swimmers Name:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have read and understand the above:**

**Signature of  
Parent or Guardian:**

\_\_\_\_\_

**Print Name of  
Parent or Guardian:**

\_\_\_\_\_

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

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\_\_\_\_\_ **Initials** **SWIMSUITS** You may use the form below to order you suits through the Dolphins if ordering before March 31st. After March 31st, suits must be ordered on-line, through 'The Lifeguard Store' (see Dolphins web site for the link.) Team suits are required to participate in meets.

**FEMALE SWIMSUIT - \$42.00**

Female DBX Back swimsuit is 100% Chloroban polyester and fully lined.

**FEMALE SUIT SIZE CHART**

SUIT SIZE	22	24	26	28	30	32	34	36	38	40
Women's dress	-	-	-	-	3-4	5-6	7-8	9-10	11-12	13-14
Girls' dress	3-4	5-6	7-8	9-10	11-12	-	-	-	-	-
Bust size	22	24	26	28	30	32	34	36	38	40

**MALE SWIMSUIT - \$26.00**

Male Knee-Length Racer (Jammer) is 100% Chloroban polyester and fully lined.

**MALE SUIT SIZE CHART**

SUIT SIZE	22	24	26	28	30	32	34	36	38	40
Waist size	22	24	26	28	30	32	34	36	38	40
Men's short	-	-	-	S	S	M	M	L	L	XL

**ORDER FORM**

<u>SWIMMERS NAME</u>	<u>SUIT STYLE</u>	<u>PRICE</u>	<u>SIZE</u>	<u>QUANTITY</u>	<u>TOTAL PRICE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
			<b>TOTAL</b>	_____	_____