

2017 ALT Resident Dolphins Swim Team & Stroke / Turn Registration
Swim Team - (Ages 4 and up-Must meet minimum skill requirement in order to participate)
Stroke and Turn - (Ages 7 and up with one year of organized swimming experience)

ALT Resident's Name: _____ Lot #: _____

(Please list swimmer(s) info on the back of this form.)

Parents/Guardians Names: _____

Address: _____

Mailing Address (if different): _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Please put an "X" next to a single contact number that can receive text messages.

E-Mail Address: _____

Emergency Contact: _____ Relation: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Physician's Name: _____ Phone: _____

<p>FEES: Swim Team: 1st swimmer: \$110 / each additional swimmer: \$95 & Volunteer Deposit: \$300 Stroke & Turn: \$50.00 per swimmer Swimmers are not permitted in the pool until all forms are complete and all fees are paid.</p>
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Agreement to Participate and Medical Release
(please write in all children's names)

Having been informed of the organization of a swim team program for the 2017 summer season, I/We approve of _____ participating in any or all program activities during the duration of the 2017 program. I/We understand that participation is subject to ALT Club Rules and Regulations and agree to abide by such. I/We further understand that should the applicant herein referenced be unable to perform activities in a manner deemed safe by the ALT Dolphin Board and/or Head Coach, the participant may be asked to withdraw from the swim team program for the 2017 summer season. Should this occur, all fees will be returned, less the cost of prepaid insurance. Should we elect to withdraw the participant from the program for any reason other than the above-mentioned, I/We understand that absolutely NO REFUNDS WILL BE ISSUED AFTER TIME TRIALS.

I/We hereby authorize Auburn Lake Trails Dolphin Swim Team, through the adult person in charge, into whose care my child/children _____ 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 Dolphins Swim Team and Auburn Lake Trails POA from any and all liability and shall remain effective from May 15, 2017 through August 2, 2017.

Liability Disclaimer

In consideration of the benefit of membership in the Auburn Lake Trails Dolphins 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 Swim Team.

Signature: _____

Date: _____

Print Name: _____

Optional Stroke and Turn Clinic:

Ages 7 and up with one year of organized swimming experience

When: May 15th to June 1st (Mon, Tue, Wed, & Thur. each week.)

- 7-8 yrs / 5:15 PM - 5:45 PM
- 9-10 yrs / 5:45 PM - 6:15PM
- 11 Yrs & up / 6:15 PM - 6:45 PM

Cost \$50 per swimmer

Note: There will not be Stroke and Turn on Monday 5/29 due to the holiday.

Swimmers Info

Swimmer's Name: _____ Male Female

of Years Participating: _____ Date of Birth: _____ Age as of June 15, 2017: _____

Special Health Needs/Allergies: _____

Participating in Stroke and Turn Clinic? (\$50 per swimmer) Yes No

Photos (1) Team / (1) Individual both 5x7 (\$10 per swimmer) Yes No

Swimmer's Name: _____ Male Female

of Years Participating: _____ Date of Birth: _____ Age as of June 15, 2017: _____

Special Health Needs/Allergies: _____

Participating in Stroke and Turn Clinic? (\$50 per swimmer) Yes No

Photos (1) Team / (1) Individual both 5x7 (\$10 per swimmer) Yes No

Swimmer's Name: _____ Male Female

of Years Participating: _____ Date of Birth: _____ Age as of June 15, 2017: _____

Special Health Needs/Allergies: _____

Participating in Stroke and Turn Clinic? (\$50 per swimmer) Yes No

Photos (1) Team / (1) Individual both 5x7 (\$10 per swimmer) Yes No

Swimmer's Name: _____ Male Female

of Years Participating: _____ Date of Birth: _____ Age as of June 15, 2017: _____

Special Health Needs/Allergies: _____

Participating in Stroke and Turn Clinic? (\$50 per swimmer) Yes No

Photos (1) Team / (1) Individual both 5x7 (\$10 per swimmer) Yes No

Swimmer's Name: _____ Male Female

of Years Participating: _____ Date of Birth: _____ Age as of June 15, 2017: _____

Special Health Needs/Allergies: _____

Participating in Stroke and Turn Clinic? (\$50 per swimmer) Yes No

Photos (1) Team / (1) Individual both 5x7 (\$10 per swimmer) Yes No