York Dolphins Swim Team Registration Form

Please complete this form and return with payment by April 3rd for free T-Shirt.

Swimmer's Name (First, M.I., Last) Age as of 6/1/20 Birth date T-shirt Size

1) _____

2) _____

3) _____

4) _____

Street address: _____ City: _____ Zip: _____

Parent Names: _____

Parent Phone Numbers: _____

Parent Emails:_____

Emergency Contact Person (other than parent): _____ Phone: _____

Do any of the swimmers listed above have any conditions that we should be aware of (i.e. asthma, epilepsy, diabetes, etc.)? NO YES Please explain:_____

I understand I will be asked to help at swim meets, and if I do not, my $40 check (per swimmer) will be cashed. _____(initial)

☐ YES I will volunteer as a **stroke and turn judge**. Please do not cash my registration check. (only 1 registration fee of $40 will be waived)

I, the undersigned parent or guardian of a minor(s), do hereby grant permission for him/her to participate in York Dolphins Swim Team activities. I hereby release and hold harmless York Dolphins Swim Team organization, coaches, volunteers, the City of York, and city employees from all claims related to injuries that may be sustained by my child/children while participating with York Dolphins Swim Team.

_____ _____

Signature of Parent/Legal Guardian Date

Check 1:

Registration Fees: $40 X _____ = _____

# of swimmers Total Due

Check 2:

Separate check only to be cashed in lieu of volunteering: $40 X _____ = _____

# of swimmers Total Due

Please make checks payable to York Dolphins Swim Team