

SWIMKIDS TEAM DOLPHIN 2009-2010 REGISTRATION: Please fill out one form per swimmer. All groups fill first come, first served!

To register by mail: Please mail this registration form with payment to: SwimKids, 14130 Noblewood Plaza, Suite 202, Woodbridge, VA 22192.

To register by phone: Call (540)446-KIDS (5437). We can process your swim team reservation by phone with a credit or debit card.

To register in person: Come to the **SwimKids Swim Store** at 14130 Noblewood Plaza, Suite 202, Woodbridge, VA 22192.

SWIMMER INFORMATION First Name/ MI/ Last Name: _____

Date of Birth: ____/____/____ Please circle: Male Female

SELECT SWIM TEAM PROGRAM: Please see flyer for program requirements.

___ **1 DAY/WEEK: \$399** 1 day/week ___ Sun 5:15-6:00 pm ___ Tues 7:15-8:00 pm ___ Thurs 7:15-8:00 pm

___ **1 DAY FLEX: \$449** 1 day/week ___ Sun 5:15-6:00 pm ___ Tues 7:15-8:00 pm ___ Thurs 7:15-8:00 pm

By enrolling in Flex, you have the flexibility to miss your normal practice and come to another that week!

___ **2 DAYS/WEEK: \$635** 2 days/week Tues/Thurs 7:15-8:00 pm

___ **2 DAY FLEX: \$685** - Gives you the flexibility to miss your normal practice and come to another that week! Come to any 2 practices Sun 5:15-6:00pm, Tues 7:15-8:00 pm, or Thurs 7:15-8:00 pm

___ **HIGH SCHOOL PREP: \$245** 2 days/week, Tues/Thurs 3:00-4:00 pm

SUBTOTAL SWIM TEAM PROGRAM FEE \$ _____

PAYMENT

PAYMENT PLAN (optional): ___ \$20 fee per swimmer. First third of the total payment below is due today, 2nd payment of one third will be automatically paid 10/15/09, 3rd payment of last third will be automatically paid 11/15/09. Payment Plan is only available for *Electronic Payments* (credit or debit card). Discounts are not available for payment plans.

SUBTOTAL PAYMENT PLAN \$ _____

DISCOUNTS: All Discounts are available for *paid in full plans only* and are not available for payment plans. For more than one swimmer in a family: the first child is the regular price above; additional siblings receive a **10% discount** off the swim team group price only (not off the registration fee). This discount is available for the lower priced sibling(s).

DISCOUNT (IF NO PAYMENT PLAN) \$ _____

REGISTRATION FEE: All programs have a **\$49.00 ANNUAL REGISTRATION FEE.**

SUBTOTAL REG. FEE \$ _____

PAYMENT METHOD (Circle One): Check Visa MasterCard Discover **TOTAL \$** _____

Credit Card # _____ CVV(Last 3 Numbers on Back of Card in Signature Area) _____

Exp. Date MM/YY _____ Signature _____

If PAYMENT PLAN is selected above, 1/3 rd of total is due today AND electronic payment information must be given above for payments 2 and 3.

PARENT INFORMATION Parent(s)/Guardian(s) Name: _____

Address: _____ **City, State Zip:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Business Phone Number: _____ **E-mail:** _____

MEDICAL INSURANCE FOR SWIMMER Insurance Company/Policy Number: _____

SWIMKIDS POLICIES AND PROCEDURES (Please Read and Sign Release Below)

MAKE-UP POLICY: No make-ups. If you are on a Flex plan, you may attend an alternate practice that week, but it may not be carried over into other weeks.

RE FUND POLICY: NO REFUNDS. We hire coaches and rent the facility based on our registrations.

WITHDRAWAL POLICY: If you decide that you cannot participate in a class you will not receive a refund, but a credit for the amount you paid for that particular class. To receive this credit, you must withdraw from the class at least two weeks prior to the beginning of that class. No credit will be issued if you withdraw from classes less than two weeks prior to the start of that class. Credit may be used for other family members for swim school, swim team, or swim store purchases.

EMERGENCY MEDICAL RELEASE: Should a medical emergency arise during my child's participation in the SwimKids Swim School, Inc. swim program, I understand that reasonable effort will be made to contact me. If I cannot be reached, or if it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me would cause, I consent to the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility, and I consent to the immediate administration of life sustaining measures deemed necessary under the circumstances.

PERMISSION TO PARTICIPATE/LEGAL RELEASE:

- To the best of my knowledge there are no physical or other conditions which will interfere with my child's participation. Safety rules are enforced. While our first priority is your child's safety, we must inform you that swim lessons are not risk free. As a participant or as a parent or legal guardian of a participant in a SwimKids Swim School, Inc. program, I am fully aware that swimming can be strenuous, hazardous, and difficult. I acknowledge and freely accept the risks and hazards, including collisions, falls and risk of drowning, associated with the participation in swimming. I agree to hold SwimKids Swim School, Inc., its officers and agents free and harmless for any injuries or damages arising by reason of participation in this program.
- I have read and agree to the policies listed here. I understand that photographs/videos taken may be used by SwimKids Swim School, Inc.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature: _____ **Date:** _____