ROUND ROCK DOLPHINS SWIM TEAM
2009 REGISTRATION

PARENT'S NAMES:	
STREET ADDRESS:	
CITY/ZIP:	**HOME PH:**
CELL PH. MOM:	**CELL PH. DAD:**
WORK PH. MOM:	**WORK PH DAD:**
E-MAIL MOM:	**E-MAIL DAD:**

SWIMMERS' NAMES (LAST, FIRST, MI)	SEX M/F	BIRTH DATE MM/DD/YYR	AGE AS OF 5/1/09	SWIM FEE* $115.00	FUNDRAISER FEE $35.00	TOTAL
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00

***********MAKE CHECKS PAYABLE TO ROUND ROCK DOLPHINS***********

(1) Each swimmer is responsible for obtaining their AAU sports membership prior to the 1st day of practice.
(2) Prepaid Dolph-a-thon contributions will be refunded any time up to the date of the Dolph-a-thon event.
(3) Prior to 2 weeks before practice begins, 100% of the registration fee will be refunded.
(4) Withdrawal between the 2 weeks prior to the start of practice and the end of the second week of practice will refund 50% of the registration fee.
(5) After the start of the third week of practice, no money will be refunded.

Parent Release

Family Name:_____
(Please print)

_____ Initials

I agree to have my name, address and home phone number listed in the Round Rock Dolphin's team directory to be distributed electronically or in the family files.

_____ Initials

The Round Rock Dolphins pass necessary information and an electronic version of the weekly newsletter to the entire team through a Google group. I agree to have my email on the Round Rock Dolphin Google group.

E-mail address to add:

_____

Has your email address changed since last season: **Y or N**
(If you are currently receiving Dolphin's email, DO NOT DUPLICATE)
PLEASE PRINT LEGIBLY!

_____ Initials

I understand that each Dolphin Swimmer is responsible for raising $35 for the team. I can do this by either contributing at registration or by participating in the fun and exciting Dolph-a-thon.

_____ Initials

From time to time photographs, videos, and/or audio clips may be taken of youth engaged in Round Rock Dolphin's activities. The Round Rock Dolphin's requests the right to use all photos, videos, and/or audio clips taken of Dolphin's swimmers. I agree and consent to allow the Round Rock Dolphin's to use photos, videos and/or audio clips of my swimmer participating in Round Rock Dolphin's activities.

_____ Initials

I agree to abide by the 2009 Round Rock Dolphins Swim Team Handbook and all the policies and procedures outlined therein

Parent Signature:_____ Date:_____

ROUND ROCK DOLPHINS SWIM TEAM 2009
MEDICAL RELEASE FORM

Please note: If your children have different last names, please complete a form for <u>each last name</u>.

PARENTS' NAME(S): _____HOME PH._____
ADDRESS: _____CITY/ZIP: _____
WORK PHONE-FATHER: _____MOTHER: _____
CELL PHONE - FATHER: _____MOTHER: _____
HEALTH INSURANCE CO._____GROUP #_____

CHILDREN FULL NAME	BIRTHDAY	EXISTING MEDICAL CONDITIONS (SUCH AS ALLERGIES, MEDICATION ALLERGIES, OR OTHER SPECIAL PROBLEMS THAT SHOULD BE KNOWN)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

* If a swimmer has special requirements or is on regular medication, please list swimmer's name and medication on the back of this page. Also, list any special instructions in case of illness on injury.

FAMILY DOCTOR: _____PHONE: _____
ADDRESS: _____

If you are unable to contact the doctor, please accept this letter as your authority to use the Doctor on call in the Emergency Room for any necessary emergency medical treatment.

I, _____, the parent or legal guardian of the above listed child/children, give my permission and approval for participation of above named child/children, in any and all activities sponsored by the Round Rock Dolphin Swim Team and I assume all risk and hazard incident to such participation, including transportation to and from such activities. I waive, release, indemnify and agree to hold harmless the Round Rock Dolphin Swim Team, Coach, and Assistant Coaches, Club Officers, officials, participants and parents from any claim arising out of injury to my child/children while participation in any and all activities, including, but not limited to transportation to and from all practice swim sessions and competitive swim meets, sponsored by the Round Rock Dolphin Swim Team.

I know of no impairment or deficiency, physical health or otherwise, that would limit or prohibit my child/children from participating in practice swim sessions and competing with other children. I agree to advise and make known to the Round Rock Dolphin Swim Team and Coach any change in the physical health or any other condition that would limit or prohibit my child/children from participating in practice swim sessions and competitive swim meets.

PARENT'S SIGNATURE: _____ DATE: _____

ROUND ROCK DOLPHINS SWIM TEAM
2009 VOLUNTEER AGREEMENT

It takes a great amount of time and effort for the Dolphins to be as successful as we are. Each home meet requires more than 70 volunteers to ensure that the meet runs smoothly. Over the years, the Dolphins have developed a reputation as having the most volunteer-friendly parents in the Northwest Swim Circuit.

To spread the amount of volunteer work equally, we require that during registration each parent sign up to help in one or more of the volunteer areas. If you are not sure which area you want to volunteer, you can sign up on the "miscellaneous" volunteer sheet and you will be contacted later about where we could use some help.

Being part of a successful Dolphin swim season requires a commitment not only from your children but from the parents as well. By signing below, you agree to volunteer in some capacity during the upcoming swim season.

I agree to help make the 2009 Dolphin swim season successful by serving as a volunteer during the upcoming season:

_____

Parent Signature **Printed Name**

_____

Date

Round Rock Dolphins

2009 Volunteer Information

Father's Name:

Mother's Name:

Additional Family Volunteer Names:

Phone Numbers:

Home: Other:

Father Cell: Father Work:

Mother Cell: Mother Work:

Email Addresses:

Father:

Mother:

Other:

Which shift works best for you, please select one:

1st Shift

2nd Shift

T-Shirt Order Form

Family Name: _____

Team Shirt –Swimmer Only Free Shirt

Youth Small		Youth Medium		Youth Large		Adult Small	
Adult Medium		Adult Large		Adult XLarge		Adult XXLarge	

Additional Shirts $10.00 each,

Youth Small		Youth Medium		Youth Large		Adult Small	
Adult Medium		Adult Large		Adult XLarge		Adult XXLarge	

Men's White Tanks ($10.00)

AS		AM		AL		XL		XXL	

Women's Hot Pink Tanks ($12.00)

AS		AM		AL		XL		XXL	

Women's Navy Fit Tee ($12.00)

AS		AM		AL		XL		XXL	

Additional Charges for 2XL and larger T-Shirts and Tanks add ($2.00)

AS		AM		AL		XL		XXL	

Total Number of Shirts _____

Total Cost _____

Dolphin Gear for 2009!

Product	Quantity	Price/ item	Total
Royal Blue Team Towel		$20	
Dolphin Baseball Hat		$15	
Dolphin Visor		$15	
Dolphin Coffee Traveler		$10	
Dolphin Croc Charms		$3	
Dolphin Swim Cap		$10	
Dolphin Decal		$10	
Dolphin Decal Personalized		$12	
Dolphin Shorts Size:		$12	
Dolphin Water Bottle		$5	
Total:			

Comments/Suggestions:

Thank you so much! If you have any questions regarding your merchandise please feel free to contact me, Colleen Dienstbier at: swimming@dienstbier.net. Enjoy the season!