

Dulaney Dolphins Swim Team 2015 Registration			
Swimmer Information			
Name:			
Date of Birth:	Male	Female	Gr. Sept 2015:
Street Address:			
City:	State: MD	Zip code:	
Previous team member? Yes No			
Mother's Name:			Phone (Cell)
Email:			
Father's Name:			Phone (Cell)
Email:			
Add'l swimmers:	DOB:	Male	Female Gr Sept 2015:
Special Information/Accommodations? (if more space needed, please use back of form)			
Medical information coach needs to know?			
Special needs/accommodations coach needs to know?			
<i>Does swimmer have other commitments that will interfere with daily practice?</i> Yes No			
Comment:			
<i>Which meets will you attend? Circle below. (Swimmers must commit to at least 2 meets)</i>			
June 20 Away June 27 Home July 2(Thursday) Home			
July 11 Home July 18 Away			
<i>Can swimmer attend special meets, if qualifies? (i.e. Novice, Straehle, Divisional?)</i> Yes No			
Comment:			

Parent Signature:

Date:

**By signing above you agree to the following team policies*

-Swimmers must attend 2 regular season meets

-20\$ deposit will be paid at registration and will be returned if a member of your family volunteers at least 2 times

-Swimmer must be able to swim 25 yards unassisted by a coach, lane line assistance is OK

-All parent and swimmers must adhere to the CMSL code of conduct

Team Rep only

Payment Info

Cash/Check #:

Rec'd by:

Amount:

Deposit Paid?: