

Dauphin Swimming and Diving Association

Registration for Swim Team Membership

(All swimmers must be five (5) years old on or before June 1st of the current season)

Swimmer Information

Additional swimmers can be listed on back.

Name _____ Birthday _____ Age on June 1st _____
month/day/year

Name _____ Birthday _____ Age on June 1st _____
month/day/year

Name _____ Birthday _____ Age on June 1st _____
month/day/year

Family Information

Parent Name(s) _____

Address _____

E-mail (Enter *only* addresses which should receive swim team e-mails)

Mother: _____

Father: _____

(Please check your e-mail daily for important swim team messages.)

Phone

Mother: Home _____ Work _____ Cell/Pager _____

Father: Home _____ Work _____ Cell/Pager _____

Additional Parent Information _____

Swimmer Medical Information

Family Physician Name _____ Phone: _____

Medical Insurance Company _____ Policy: _____

Accident Insurance Company _____ Policy: _____

Please describe below any physical or psychological factors, which may affect your child's participation in competitive swimming activities. Coaches must be aware of these conditions in order to provide a safe, positive atmosphere for your child. Examples of physical conditions are asthma, vision or inner ear problems, epilepsy, allergies, and recent surgery or injuries. Examples of psychological conditions are fears, anxieties, and hyperactivity.

**Dauphin Swimming and Diving Association
Registration for Swim Team Membership
Fee Schedule and Payment 2009**

Family Name _____

Total Paid _____ Date of Payment _____

◇ Check # _____ ◇ Cash _____

Payable to: Dauphin Swimming & Diving Assoc.

Signature of Board Member

Enter single child fee of \$80 or family fee of \$110 _____> _____

Check here if the family made minimum participation in 2009 sub sales:

If family *did not* meet minimum sub sales, add \$30 to registration. _____> _____

Total Registration Fee _____> _____

Parent Volunteer Positions

Check at least 2 areas where your family will serve as volunteers (**required**)

Meet Volunteers: ◇ Concessions ◇ Timer ◇ Runner ◇ Computer Staff ◇ Ribbon Clerk

◇ Set Up/Tear Down ◇ Meet Official (training required)

Committees: ◇ Concessions ◇ Fundraising ◇ Polar Bear ◇ Divisional ◇ Board Member (by election)

Payment can be made to any Board member, or mail to:

Tracey Hanwell
2830 Fishing Creek Valley Road
Harrisburg, PA 17112

For Board use only:

◇ Med ◇ Liab ◇ Beh ◇ JCC

Keep this portion for your records.

**Dauphin Swimming and Diving Association
Receipt for Payment of Registration Fees
Swimming Season Summer 2009**

Family Name _____

Total Paid _____ Date of Payment _____

◇ Check # _____ ◇ Cash _____

Signature of Board Member

If cash, please get signature of receiving Board member. If check, your returned check will serve as validation of this receipt.