

Dolphin-Laser Registration

www.Dolphin-Laser.com



For office use only

Team Manager: _____

RCM: _____

Join Date: _____

Training Level (circle one)

Develop- mental I	Develop- mental II	Develop- mental III	Age Group I	Age Group II	Age Group III	Seniors I	Seniors II	Jump Start	Home school	Masters (Adults)	
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Practice Location (circle one)

UALR	LRRRC	LRAC	Jacksonville	Sherwood	Arkadelphia		
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ATHLETE INFORMATION for ALL athletes (Masters athletes must complete shaded areas):

Swimmer's Name (First, Initial, Last) _____ Gender: **M** **F** T-shirt size: _____

Age _____ Birthday _____ School _____ Grade _____

Previous competitive experience: No _____ Yes _____ If yes, number of years _____ Former Team Name _____

Athlete's Cell Phone number (if applicable) _____ Athlete's email address _____

Athlete address: _____ Home Phone: _____

City: _____ Zip: _____

PARENTS INFORMATION (Masters ignore – everyone else must complete):

Father's Name: _____ Father's email address: _____

Father's Home Phone: _____ Father's Work Phone: _____ Father's Cell Phone: _____

Father's Home address (if different from Athlete) _____

Mother's Name: _____ Mother's email address: _____

Mother's Home Phone: _____ Mother's Work Phone: _____ Mother's Cell Phone: _____

Mother's Home address (if different from Athlete) _____

BILLING INFO (all athletes - even Masters must complete):

Club Member? (20% discount): If yes, write account number: LRAC# _____ LRRRC#: _____ NLRAC#: _____

Non Club member: All non-members are required to be on Automatic Draft.

Credit Card Company/No.: _____ Exp. Date: _____

Bank Name/Checking Acct. No. _____ (Please attach voided check to assure accuracy)

I authorize the LRAC to draft my bank account/credit card for my Dolphin-Laser Dues:

Name as it appears on Account/Card: _____ Signature: _____

- Drafts will be debited on the 10th of each month. First month fees will be a pro-rated based upon join date.
- There is no refund if you choose to quit before the monthly billing cycle is completed
- Written cancellation **must be given at least one month in advance.**

Siblings on team (3rd and more siblings are free): _____

MEDICAL INFO (all athletes even masters must complete):

Any allergies, medications, physical or special conditions for _____ Please explain: _____

Emergency Contact: _____ Phone # _____

Swimmers Physician: _____ Phone # _____

WAIVER:

Please read the following information carefully. No child will be admitted into the Dolphin-Laser Swim Team without this form signed by either a parent or legal guardian. By signing this form, you are releasing all claims for injuries you or the participant might sustain through this program.

I agree to assume full risk and to waive and release all claims I and/or the participant may have against the University of Arkansas at Little Rock, Little Rock Racquet Club, Little Rock Athletic Club, Jacksonville Community Center, Bill Harmon Recreation Center and/or Ouachita Baptist University. This release includes as well all officers, agents, servants, and employees from such claims resulting from injury, damage, or loss sustained on account of participation in any Dolphin-Laser program or event. I understand that I am responsible for all personal medical insurance and the participant's family must cover any medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached.

PARENT'S SIGNATURE _____

DATE _____

I have read and understand the waiver on the reverse side of this form

MASTER SWIMMER'S SIGNATURE _____ **DATE** _____

REGISTRATION FEE:

If you are joining the **Age Group** team or plan on competing, a separate \$100 registration fee is required upon joining. Each additional sibling will cost \$75. Registration is in September and October of each year. Swimmers who join USA swimming from April through July will be charged a \$50 seasonal registration fee, followed up in September - October with the annual \$100 fee.

By becoming a competitive USA registered swimmer, your child will enjoy the benefits of the Booster Association as well as United States Swimming. The fee for becoming a USA Registered Swimmer is \$100.00 per year. The largest portion of the fee goes to Arkansas Swimming Inc. (ASI), which gets \$55.00. The balance (\$45.00) helps pay for team administrative costs, your team T-shirt and your team swim cap. Athletes will receive a membership card and have both liability and secondary medical insurance coverage and "Splash" magazine.

USS Registration Fee enclosed: _____ Check No.: _____ Team Level: _____