

2010-11 E-TOWN DOLPHINS SWIM TEAM REGISTRATION

ESFC MEMBERSHIP #: _____

SWIMMERS' NAMES

1- _____ DOB ____ / ____ / ____ Level ____ Payment choice: annual or monthly
 2- _____ DOB ____ / ____ / ____ Level ____ Payment choice: annual or monthly
 3- _____ DOB ____ / ____ / ____ Level ____ Payment choice: annual or monthly
 4- _____ DOB ____ / ____ / ____ Level ____ Payment choice: FREE

FEES:			METHOD OF PAYMENT (choose one and fill out box below):
	Monthly Choice	Annual Choice	
Level 10:	\$100	\$1,000	_____ - Bank (please include a voided check) (Families that choose Bank automatic withdraw will receive six VIP guest passes from ESFC. Please visit Membership Dept to redeem your passes)
Levels 7-9:	\$85	\$850	
Family Discounts:			_____ - Credit Card
2 nd swimmer: \$15/month or \$150/year			
3 rd swimmer: \$15/month or \$150/year			
4 th swimmer: free			
Registration/Returning fee: \$50 (first registration is free)			

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS: I (we) hereby authorize E-Town Swim & Fitness Center, hereinafter called COMPANY, to initiate debit entries to my (our) Bank account/Credit Card account indicated below and the depository named below, hereinafter call DEPOSITORY, to debit the same to such account. This payment is towards the E-Town Dolphins Swim Team training fee.

BANK INFORMATION:
 DEPOSITORY NAME: _____ BANK: _____ BRANCH: _____
 CITY: _____ STATE: _____ ZIP: _____
 TRANSIT/ABA NO.: _____ ACCOUNT #: _____ START DATE: _____

PLEASE ATTACH VOIDED CHECK

CREDIT CARD INFORMATION:
 TYPE (CIRCLE ONE): VISA / MASTERCARD / DISCOVERY / AM. EXPRESS
 NAME ON CARD: _____ CARD NUMBER: _____ EXP. DATE: _____

This authority is to remain in full force and effect until COMPANY (ESFC) and DEPOSITORY has received written notification from me (or either of us) of its termination in such time in such manner as to afford COMPANY (ESFC) and DEPOSITORY a reasonable opportunity to action it.

NAME: _____ SIGNATURE: _____ DATE: _____

Swimmer's Address _____ City _____ Zip _____
 Home Phone () _____ EMAIL _____ @ _____
 Mother _____ Cell Phone () _____ Work Phone () _____
 Father _____ Cell Phone () _____ Work Phone () _____

This E-town Dolphins Swim Team membership shall only be used for the purpose of the above listed Swimmer(s) to participate in the Swim Team activities only. No other use of the E-town Swim & Fitness Center is stated or implied, unless otherwise directed by the ESFC Management.

In submitting this agreement in acceptance for myself, relatives, guest, and/or dependents where applicable, I recognize the potential for injury while either directly or indirectly participating in the E-town Swim & Fitness Center sponsored activities, whether these activities be formal (structured/programmed) or informal. Therefore, I hereby release and hold harmless the E-town Swim & Fitness Center, USA/USS Swimming, Elizabethtown Independent School District, Elizabethtown Swim Team Inc., Kentucky Swimming Inc., and their respective ownership, management, staff, and volunteers from any responsibility for damages suffered in connection with any of the facilities in any way.

Parent or Guardian Signature Date

THIS FORM MUST BE RETURNED TO COACH MAVI SAMPAIO
For Billing Questions please email Susan Bradley at sbradley@etownswim.com

2010-11 E-TOWN DOLPHIN SWIM PROGRAM REGISTRATION

MEDICAL INFORMATION

Swimmer's Name(s) 1. _____, 2. _____,

3. _____, 4. _____,

Emergency Contact _____ Relationship: _____ Phone (____) _____

Medical Insurance Company _____ Policy # _____

Primary Physician _____ Phone (____) _____

Are there any medical/physical problems of any type that we should be aware of (allergies, asthma, diabetic, daily meds, etc.)?

LIABILITY WAIVER

I, the undersigned parent(s) or legal guardian(s) of the above-named minor(s), know that I may not be available to authorize medical care of said minor child (children) and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give Elizabethtown Kentucky Dolphin Swim Team staff and faculty (herein referred to as E-town Dolphins) the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor(s), from signing a consent or authorization to render such care. It is the intent that E-town Dolphins staff and faculty shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. I understand that this form is in effect from the date signed and that it is my responsibility to inform the E-town Dolphins of any changes to this form. **It is my understanding that this form also serves to establish my consent and permission for the above-named minor(s) to participate in the E-town Dolphins programs, private instruction, and courses, and to be photographed for use by the E-town Dolphins in advertising and public relations.**

Parent/Guardian:

Print Name _____ Signature _____ Date ____ / ____ / ____.

**THIS FORM MUST BE RETURNED TO COACH MAVI SAMPAIO
3026 RING ROAD
ELIZABETHTOWN, KY 42701
www.etowndolphins.com**