

**Mount Vernon Yacht Club Dolphins
Family Registration Form 2009**

Swimmer Information

Last Name	First Name	Age on June 1	Birth Date	T-Shirt Size*	AM or PM Practice**

**A t-shirt for each swimmer is included in the registration fee.*

***Both morning and afternoon practice sessions will be offered after June 17th.*

Parent Contact Information

Last Name	First Name	Email	Home Phone	Cell Phone

Home Address: _____

Person to be contacted if a parent cannot be reached:

Name: _____ **Phone:** _____

Physician's Name: _____ **Phone:** _____

Health Insurance: _____ **Policy Number:** _____

List any allergies to medications, etc.:

List any significant health problem that might be important to a physician evaluating your child in case of an emergency:

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Payment Information

Item	Quantity	Unit Price	Total
Swim Team participants – 1 st two swimmers		\$80	
Additional swimmers		\$40	
Parent team t-shirt (specify sizes)*		\$15	
Season DVD slideshow		\$27	
Total			

**Parent t-shirts are not included in the registration fee.*

Adult Volunteer Opportunities – check all that are of interest:

<input type="checkbox"/>	Referee	<input type="checkbox"/>	Assistant Clerk of Course
<input type="checkbox"/>	Starter	<input type="checkbox"/>	Computer Scoring
<input type="checkbox"/>	Stroke and Turn Judge	<input type="checkbox"/>	Concessions
<input type="checkbox"/>	Chief Timer	<input type="checkbox"/>	Timing
<input type="checkbox"/>	Clerk of Course	<input type="checkbox"/>	Team Social Activities

Rules

1. In order to participate with the MVYC Dolphins swim team program, a child must be able to swim the length of the pool without flotation and without stopping to rest. If a child does not meet this requirement, a parent may do one of the following:
 - a. Obtain swim instruction elsewhere and register with the team when the above requirement is met.
 - b. Register with the team and receive swim instruction during regular practice from older team members as available and coordinated with the swim team representative.
2. Swimmers must be registered prior to practicing or competing with the team.
3. The MVYC Dolphins swim team representative reserves the right to remove swimmers from practices or meets who do not meet the requirements of #1 or #2 above.
4. Registration fees are non-refundable.

DCCL Code of Conduct

Please review this code of conduct before signing. The Code of Conduct is designed to help minimize conflicts between parents, swimmers, coaches and officials.

I, _____, the parent/guardian of the participants who have signed below, agree and understand that league rules must be followed by both parents and swimmers in order to facilitate the smooth operation of the Dominion Country Club League. I acknowledge that I have read the DCCL handbook (available online) and have discussed the applicable rules with my child.

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I understand that swimmers and parents are expected to follow all league rules and behave in an appropriate manner at all times. This includes showing respect to teammates, parents, officials, and opposing teams. Unsportsmanlike conduct or inappropriate behavior by swimmers or parents will not be tolerated and may result in suspension from the DCCL. Our league's focus is to maintain the most positive environment possible, and I understand that it will take the cooperation of all swimmers and parents to accomplish this.

I HAVE CAREFULLY READ THE TERMS OF THIS AGREEMENT AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed (parent/guardian): _____ Date: _____

Swimmer signature: _____

Swimmer signature: _____

Swimmer signature: _____

Swimmer signature: _____

Swimmer signature: _____

Swimmer signature: _____

Agreement

I, as a parent or legal guardian of the swimmer(s) listed above, give permission for him/her/them to participate in the activities of the MVYC Dolphins Swim Team and release the club, its officers and agents from any liability connected with any injury obtained during these activities. I agree to abide by the Rules as stated above. In the event that I cannot be contacted, I give permission for this/these swimmer(s) to receive emergency medical care.

Signed: _____ **Date:** _____