



# Rehoboth Dolphins Swim Team

## OCEAN CITY AQUATICS MAIL-IN REGISTRATION FORM

WWW.OCEANCITYAQUATICS.COM • OCEANCITYAQUATICS@GMAIL.COM • 410-520-0098



Rehoboth Dolphins is a Summer Recreational Swim Team brought to Kings Creek Country Club by Lori Ciminelli of Ocean City Aquatics and the KCCC Pool Committee. Season includes practices, time trials, meets and awards banquet. Emphasis will be placed on teaching the mechanics of swimming and the four competitive strokes while learning what it's like to be part of a swim team environment. Participants (5 - 18) must be able to swim one length of the pool unassisted and without stopping.

### CONTACT INFORMATION:

Parent's Names: \_\_\_\_\_ Member #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Cell #: \_\_\_\_\_

### SWIMMER REGISTRATION: (Please mark age as of May 31 st.)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male OR Female

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male OR Female

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male OR Female

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Male OR Female

### PARENT VOLUNTEER REQUIREMENT:

Parents of participating swimmer agree to volunteer as needed for the team to run proper swim meets.

☐ Announcer ☐ Starter ☐ Meet Referee ☐ Timer ☐ Stroke n Turn Judge ☐ Runner ☐ Clerk of Course ☐ Ribbon Writer ☐ Computer  
☐ Photographer ☐ Set-up ☐ Clean-up

### PAYMENT INFORMATION:

KCCC MEMBER:		# OF SWIMMERS		TOTAL
\$200.00	X		=	

KCCC GUEST:		# OF SWIMMERS		TOTAL
\$250.00	X		=	

RBCC MEMBER:		# OF SWIMMERS		TOTAL
\$250.00	X		=	

☐ Charge to membership # \_\_\_\_\_ ☐ Check - enclosed check # \_\_\_\_\_

**Participation in Ocean City Aquatics** or Rehoboth Dolphin Swim Team is intended to promote healthy and safe swimming opportunities for myself, child and or children. Like many physical activities, swimming and associated activities pose certain inherent health risk that can result in serious injury (physical and/or emotional) or even death. I acknowledge and assume the risk inherent with myself, child/children active participation in Ocean City Aquatics. Failure to follow safety instruction may lead to my child/children suspension or cancellation of swim instruction. Discretion is left entirely to the Ocean City Aquatics staff to determine whether and when removal is appropriate. I give consent and permission for the taking of photography and/or video and/or audio of participants to be utilized for instruction and/or advertisement.

**Release and wavier:** By signing this form, I acknowledge that I have been informed about certain risk and responsibilities in this program. I am acknowledging that I am knowingly and voluntarily assuming the risk. Further, by signing this form, I also agree, for myself, my heirs and assigns to release and hold harmless Ocean City Aquatics its employees and agents, from any legal claim or liability for any bodily injury and personal property damage that is caused to me by the negligent act or omission of persons not a party to this agreement. I further understand that my child/children cannot be left unattended during swim instruction. This wavier applies to all current and future swim classes and/or lessons taught by Ocean City Aquatics.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM WITH YOUR PAYMENT TO:

OCEAN CITY AQUATICS, 603 PENGUIN DRIVE, OCEAN CITY, MD. 21842