



DEARBORN DOLPHINS SWIM CLUB



REGISTRATION AND CHECKLIST FORM (Please print)

Family Name _____

Full name of swimmer(s)	Birth date	Training Group
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Parent(s) name:

Father _____

Address _____ / _____ / _____
(City) (Zip)

Home Phone.# (____) _____ Work Phone# (____) _____

Cell # _____ E-mail _____

Mother _____

Address if different _____

Home Phone. # (____) _____ Work Phone# (____) _____

Cell # _____ E-mail _____

Responsible party for payment: _____

CHECKLIST Please check off each item once completed:

- 1. DRD Registration Form Yes _____
- 2. DRD Financial Agreement Form Yes _____
- 3. Fee Calculation/Payment Slip Yes _____
- 4. Medical/Emergency Form Yes _____
- 5. DRD Swim Team Code of Conduct Yes _____
- 6. Swim Meet Work Requirement Form Yes _____
- 7. DRD Web Page/ Directory Form Yes _____
- 8. No Internet Access Yes _____
- 9. USA App Yes _____

Parent's Signature: _____