



2021-2022 Dolphin Club Athlete & Parent Agreement

LSC: Virginia Swimming



Please fill out the following form completely for each swimmer and email to Coach Craig at cclift@weinsteinjcc.org.

Swimmer First Name:

Swimmer Last Name:

Email (used in USA Swimming Registration):

Phone:

Swim team registration fee is \$115 and includes swim cap, t-shirt & USA Swimming registration fee.

Swimmer #1 t-shirt size:

- Child Small
 Child Medium
 Child Large
 Adult Small
 Adult Medium
 Adult Large
 Adult XL

Flexible Monthly Payments (Pro-rations based on join date are available.)

**Payments will be charged to the card on file on the 15th of each month starting September 15th.*

- Level 1 Dolphin \$105 (Members) \$125 (Non-members)
 Level 2 Wahoo \$115 (Members) \$135 (Non-members)
 Level 3 Sailfish \$125 (Members) \$145 (Non-members)

Payment Information & Options:

- Payment in full
 Use credit card on file
 Use credit card listed below

Total Amount:

Credit Card #

CCV:

Exp. Date:

Name as it appears on card:

Signature:

Parent Agreement

_____As a member of the Dolphin Club, I promise to promote the sport of swimming, encourage teamwork and individual achievement while fostering sportsmanship and positive social interaction. I have read, understand, and agree with the Dolphin Club's Electronic Communication and Bullying Policies. (Which can be found at www.teamunify.com/vadcst under the safe sport tab)

_____I understand that I may not interrupt practice by giving instruction to my child or approaching coaches with questions, comments, and concerns. If this becomes a problem I will not be allowed on deck during practice. (If I have any questions or concerns I will email the Head Coach directly).

_____I will encourage my swimmer to approach his/her coach with questions or concerns that may arise throughout the swim season.

_____I understand that I must have a credit card on file for my swimmer's meet fees and monthly payments* (If the credit card info changes, I will inform the Aquatics Department immediately.)

_____I understand that as soon as practice is over I am responsible for my child and he/she is no longer under the supervision of the Weinstein JCC coaches/staff.

_____ All cancellations will be effective on the last day of each month. Payments for that month will still be withdrawn on the 15th.

_____ No refunds will be issued for closures due to weather or acts of God

_____I agree to allow Weinstein JCC Marketing to use Dolphin Club photos which may include my child(ren) to promote the Dolphin Club. If I do not agree, I recognize that I must complete the Minor Photo Release Rejection Form and return it to Coach Craig.

Participation in any Weinstein JCC activities and use of recreational workout facilities involves a risk of accidental injury despite all safety precautions. I will assume all risks (of injury or illness) to my children or myself that may occur during participation in any activities or use of facilities at the Weinstein JCC. By signing this form, I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the Weinstein JCC and agree to in no way hold the management, agents, or employees of the Weinstein JCC liable for any injury that I or members of my family may sustain. By signing, I have read and understand the above statement.

Parent/guardian signature:

Date:

Medical Information:

Is there any medical information coaching staff needs to know? If yes, please explain: _____

Is your child on any medications. If yes, please list: _____

Athlete Agreement

As part of the Dolphin Club, I promise to keep a positive attitude and show respect and good sportsmanship to my _____teammates, competitors, and coaches.

I have read, understand, and agree with the Dolphin Club's Electronic Communication and Bullying Policies. (Which _____can be found at www.teamunify.com/vadcst under the safe sport tab)

Swimmer signature:

Date:



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME LEGAL FIRST NAME MIDDLE NAME

PREFERRED NAME DATE OF BIRTH (MMDDYY) SEX (M/F) AGE CLUB CODE NAME OF CLUB YOU REPRESENT

(Bill, Beth, Scooter, Liz, Bobby) PARENT/GUARDIAN #1 LAST NAME PARENT/GUARDIAN #1 FIRST NAME PARENT/GUARDIAN #2 LAST NAME PARENT/GUARDIAN #2 FIRST NAME

MAILING ADDRESS AREA CODE & TELEPHONE NO.

CITY STATE ZIP CODE

FAMILY/HOUSEHOLD E-MAIL ADDRESS MEMBER E-MAIL ADDRESS

U.S. CITIZEN: YES NO
ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO
IF YES, WHICH FEDERATION:

OPTIONAL
DISABILITY: A. Legally Blind or Visually Impaired B. Deaf or Hard of Hearing C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment D. Cognitive Disability such as severe learning disorder, autism
RACE AND ETHNICITY (You may check up to two choices): Q. Black or African American R. Asian S. White T. Hispanic or Latino U. American Indian & Alaska Native V. Some Other Race W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

Virginia Swimming, Inc.

MAIL APPLICATION & PAYMENT TO:

Virginia Swimming, Inc.
PO Box 1059
Appomattox, VA 24522
registrationchair@virginiawimming.org

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

Table with 2 columns: Fee Type, Amount. Includes 2022 REGISTRATION FEE, USA Swimming Fee (\$66.00), LSC Fee (\$17.00), and TOTAL DUE (\$83.00).

HIGH SCHOOL STUDENTS - Year of high school graduation:

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2021, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

NOTE: If the athlete is 18 years of age or older, he/she is required to abide by the Minor Athlete Abuse Prevention Policy. In addition, in order to be a member in good standing he/she must complete the Athlete Protection Training. The training can be accessed at www.usaswimming.org/apt.

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

REG. DATE/LSC USE ONLY

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)

Form can be saved to your computer, completed, saved again, and then printed or attached to an email. If using a Mac, select 'Print' and then 'Save as PDF' before attaching. Application is not complete until payment (by check or credit card) has been received. Payment can be made by credit card through the Payment Center at www.virginiawimming.org.