



# Dells Dolphins Swim Team - 2017 Registration Form

Return to Cynthia Ewig - cynthiaewig@yahoo.com, Cell: 608-963-5715

**2017 Season - Spring and Summer** (two separate options - summer is required to compete in meets) must attend at least three meets

**Spring Swim 4/4-6/2** circle option

**Summer Swim - June 5 through July 30**

a) 1 day/week - \$60      b) 2 days/week - \$110      (1/2 to a new swimmer)

\$30 per swimmer (1/2 to a new swimmer)

\$13.50 Team Cap available, not required, but suggested.

<u>Swimmer Name (Last, First, MI)</u>	<u>DOB</u>	<u>Age as of 6/1/17</u>	<u>Gender</u>	<u>Team Cap</u>	<u>(also write which days, in general, you will attend)</u>	<u>Spring \$</u>	<u>Summer \$</u>	<u>Total Swimmer Cost</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Subtotal

**For Office Use Only:**

Paid \_\_\_\_\_

Date \_\_\_\_\_

Concessions Fee (per family)

\$ 40.00

**TOTAL COST**

**Mother/Guardian**

**Father/Guardian**

**Emergency Contact**

Name: \_\_\_\_\_

Relationship to Swimmer: \_\_\_\_\_

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

City, State, ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Do you either live in the Wisconsin Dells school district or do your swimmers attend school in the district?

Signature of Parent or Guardian

Date

Y / N If no, you must complete a waiver form.