



# Dells Dolphins Swim Team - 2021 Registration Form

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

1/2 Price to NEW swimmers

**2021 Season - Spring and Summer** (two separate options - summer is required to compete in meets) must attend at least three meets

**Spring Swim 4/6-5/27**

circle option refer to pra

**Summer Swim - June 4 through July 17**

a) 1 day/week - \$85      b) 2 plus/week - \$135      (1/2 to a new swimmer)

\$100 - 1 swimmer (1/2 to a new swimmer) - \$150 - 2 swimmers

\$210 - 3 swimmers (if any new half price for new swimmer only, break out appropriately)

\$13.50 Team Cap available

New this year team t-shirt Indicate size Youth S,M,L,XL or Adult S,M,L,XL

<u>Swimmer Name (Last, First, MI)</u>	<u>DOB</u>	<u>Age as of 6/1/21</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 \_\_\_\_\_

**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.