

DELAWARE SWIM TEAM 2011 SPRING/SUMMER REGISTRATION & CONTRACT

4905 Mermaid Blvd. Wilmington, DE 19808 302-234-8500

Last Name _____

Street _____ City _____ State _____ ZipCode _____

Mother's Name _____ Home# _____ Cell# _____ Work# _____

Father's Name _____ Home# _____ Cell# _____ Work# _____

E-MAIL IS AN IMPORTANT MEANS OF TEAM COMMUNICATION FOR DST. PLEASE PRINT CLEARLY

Please Include Mom E-mail address _____

Please Include Dad E-mail address _____

1. Swimmer's Name (Last, First M.I.) _____ Preferred Name _____

DOB ___/___/___ Sex ___ Age ___ Grade ___ Swimmer E-mail Address _____

2. Swimmer's Name (Last, First M.I.) _____ Preferred Name _____

DOB ___/___/___ Sex ___ Age ___ Grade ___ Swimmer E-mail Address _____

3. Swimmer's Name (Last, First M.I.) _____ Preferred Name _____

DOB ___/___/___ Sex ___ Age ___ Grade ___ Swimmer E-mail Address _____

4. Swimmer's Name (Last, First M.I.) _____ Preferred Name _____

DOB ___/___/___ Sex ___ Age ___ Grade ___ Swimmer E-mail Address _____

I agree to have my family's names & contact information listed in a DST Team Directory: **YES/NO** (Circle one)

Fundraising commitments and volunteer hours are expected from each family to help defray program costs and enable our swimmers a wider array of training opportunities. Which committee would you like to work on within the booster committee?

Membership _____ Communication _____ Fundraising _____ Competition _____

EMERGENCY INFORMATION

In Case of Emergency Call _____ Phone _____

Hospital of Choice _____ Insurance Company _____

Group Number _____ Policy Number _____ Most recent tetanus shot ___/___/___

PHOTOCOPY OF INSURANCE CARD REQUESTED

Any serious medical condition/medications _____

Family Physician _____ Phone _____

DST has adopted the following procedures caring for your child should he/she become sick or injured while attending an organized event. (1) A staff member will call home (2) If no answer, the parents' place of employment &/or cell number will be called (3) If no answer, the emergency number will be called (4) If none of the above answer, an ambulance will be called if necessary to transport the child to a local medical facility (5) A staff member will continue to call the parents and family physician if no one is reached. "If I cannot be reached and staff members have followed the procedures described, I agree to assume all expenses for transporting and treating my child."

_____ Initial

I allow DST to display my child's picture on the web site and in the annual brochure (pictures are taken at swim meets and other team activities.)

_____ Initial

GROUP

Spring Conditioning

April 4th – May 27th

Summer Program

May 31st – July 28th

___ Seniors	\$420.00	\$420.00
___ Supers	\$360.00	\$360.00
___ Mightys	\$310.00	\$310.00
___ Wonders	\$280.00	\$280.00
___ Pups	\$240.00	\$240.00

*Does not include USA Swimming or DST registration fees

There is a 5% discount for the second swimmer in the family, 10% discount for all additional family members

LOCATION WHERE YOU WOULD LIKE TO RECEIVE TEAM INFORMATION:

DSFC-New Castle _____ DSFC-Pike Creek _____ CONCORD _____ PS DUPONT _____ UD CIP _____ NSC _____

Contract Notes & Fees:

- There is a 5% discount for the second swimmer, 10% discount for additional family members.
- There is a \$25.00 DST registration fee (\$12.50 for the second swimmer, \$5.00 for additional family members)
- There is a \$60.00 annual USA Swimming registration fee per swimmer.
- Swimmers transferring from another USA club are required to pay a \$10.00 transfer fee to Middle Atlantic Swimming.
- Non-refundable program costs (group dependent), plus fees, for the Spring (and Summer) Conditioning Program are paid in full at session registration.

Misc. Program Notes:

- PS duPont & Concord practices are subject to change based on School District Schedules and Closings.
- Satellite location commitments are based upon the number of registered swimmers needed for each given facility.
- Practice schedules may be modified throughout the season based on seasonal training cycles or group size.

I have read and understand the above guidelines and restrictions:

Parent Signature

Date

OFFICE USE ONLY

Full payment for all programs is due upon registration:

2010 USA Swimming Registration Fee	\$60.00 per swimmer	\$ _____
USA Swimming Transfer Fee	Must Complete Transfer Form...\$10.00 per swimmer	\$ _____
DST Registration Fee	\$25.00 First Swimmer; \$12.50 Second; \$5.00 All others	\$ _____
Team Dues	Group dependent	\$ _____

TOTAL COLLECTED \$ _____

COMPLETED BY (STAFF MEMBER) _____ CHECK # _____ CASH _____ CHARGE _____

C/R _____ FLDR _____ 30 DAY _____ INACTIVE _____