



2016 Danbury Dolphins

Summer Swim Team

Family Last Name _____ Home Phone _____

Email(s) _____

Street Address _____ City _____ State _____ Zip _____

(Circle Program Signing up for)

Child #1's First Name _____ Sex _____ DOB ___/___/___ Age on 7/1/16 _____ Swim Dive

Child #2's First Name _____ Sex _____ DOB ___/___/___ Age on 7/1/16 _____ Swim Dive

Child #3's First Name _____ Sex _____ DOB ___/___/___ Age on 7/1/16 _____ Swim Dive

Child #4's First Name _____ Sex _____ DOB ___/___/___ Age on 7/1/16 _____ Swim Dive

Child #5's First Name _____ Sex _____ DOB ___/___/___ Age on 7/1/16 _____ Swim Dive

(age on 7/1/16 determines which group the child will swim with)

Medical Information:

Child's Allergies (Asthma, bee stings, peanut butter, etc.): _____

Medication (Epi-pen, inhaler, insulin etc.): _____

Health Restrictions: _____

Additional Health Info: _____

Father's Name _____ Cell Phone _____ Work Phone _____

Mother's Name _____ Cell Phone _____ Work Phone _____

Emergency Contact if Parent/Guardian is not available:

Name _____ Phone _____ Relationship _____

WAIVER:

To induce the Danbury Police Athletic League to accept registration and permit participation by the above named minor child, I hereby give my permission and consent, agree to release, indemnify, and hold harmless the Danbury PAL, its' officers, staff, and representatives from any claims arising from any injury to the above named minor. I hereby give my consent for emergency care prescribed by the duly licensed Doctor of Medicine or Doctor of Dentistry. This may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent. I agree to pay all registration fees on timely basis. A fee of \$25 will be charged for each returned check.

Signature _____ Date _____

How did you find out about our program? _____

*PROGRAM FEE \$210 if registered by 6/1 (cash or check payable to 'Danbury PAL')
Additional Siblings: \$185 each if registered by 6/1; AFTER 6/1 - add \$25 per swimmer
Dive Clinic: additional \$150 or \$175 for non-swimmers*

Return forms to danburydolphins@hotmail.com OR mail to
Danbury P.A.L. Dolphins Swim Team c/o Karen Simmons 15 Fairmount Dr. Danbury, CT 06811

