

# DCC Swimming and Diving: The Fighting Fish

Member name: \_\_\_\_\_ Member number: \_\_\_\_\_

Member address: \_\_\_\_\_  
Street City Zip

Home phone number: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Mother's cell phone number: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's email: \_\_\_\_\_

Father's cell phone number: \_\_\_\_\_

1.) Participant name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age on June 1<sup>st</sup> \_\_\_\_\_

T-shirt size: Ch XS Ch S Ch M Ch L Ad XS Ad S Ad M Ad L Ad XL

2.) Participant name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age on June 1<sup>st</sup> \_\_\_\_\_

T-shirt size: Ch XS Ch S Ch M Ch L Ad XS Ad S Ad M Ad L Ad XL

3.) Participant name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age on June 1<sup>st</sup> \_\_\_\_\_

T-shirt size: Ch XS Ch S Ch M Ch L Ad XS Ad S Ad M Ad L Ad XL

4.) Participant name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age on June 1<sup>st</sup> \_\_\_\_\_

T-shirt size: Ch XS Ch S Ch M Ch L Ad XS Ad S Ad M Ad L Ad XL

## Fee Information:

\$85 per child participating in swim/dive for the first three children in your family. Any participating child after that is \$50. Fees will be charged to your member account. There is a trial period before fees are charged, please speak with Coach Katy regarding the trial period.

## Emergency Notification:

If parents cannot be reached, contact: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

## Insurance Information:

Insurance Company: \_\_\_\_\_

Address for claims: \_\_\_\_\_  
Street City State Zip

Phone number: \_\_\_\_\_

Policy holder: \_\_\_\_\_

ID: \_\_\_\_\_ Group: \_\_\_\_\_

(If Blue Cross/Blue Shield) BC code #: \_\_\_\_\_ BS code: \_\_\_\_\_

## Medical Care:

Physician: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Office telephone number: \_\_\_\_\_

**In the event reasonable attempts to contact me have been unsuccessful, I hereby give my permission for the staff of Danville Country Club to seek medical treatment for my child(ren) in my absence.**

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Family Obligation to Volunteer:**

Each family is REQUIRED to volunteer/work a minimum of THREE (3) swim meets in some capacity. This means: timing, ribbons, stroke & turn, wrangling, finish judge, runner or computer. Providing doughnuts and fruit the morning after the meet does not constitute working a meet.

**In the event your family does not work the required 3 meets you will be assessed \$150 at the end of the season.**

*I am aware I need to volunteer to work 3 of my child's swim meets in order to avoid a \$150 assessment at the end of the season:*

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_