

CELEBRATING 20 YEARS OF EXCELLENCE

3X OLYMPIANS SWIM CLINIC AT DOLPHIN SWIMMING

SWIM CLINIC REGISTRATION FORM (FOR NON-DOLPHIN STUDENT)

Please submit this form with all required information together with the payment 請填寫所有資料並繳交費用

Name of the Participant

參加者姓名: _____

Date of Birth

Sex

出生日期: _____ 性別: _____

Parent Name

家長姓名: _____

Telephone

電話: 家 (Home) _____ 工作 (Work) _____ 手機 (Cell) _____

Home Address

住址: _____

電郵

E-Mail: _____

Current Team Name & Practice Location

Years of swimming 游泳年資:

泳隊名稱及訓練地點: _____ ☐ 0-1 years ☐ 2-3 years ☐ 4 years +

Please answer these questions 請回答:

1. What size of T-shirt you are wearing?

請選擇你衣服的尺碼?

☐ YL ☐ S ☐ M ☐ L ☐ XL

2. How did you know about this swim clinic?

如何得知這次游泳講座活動?

☐ Facebook ☐ Twitter ☐ Instagram
☐ Friends/Family ☐ Breakout! Clinic Website ☐ Others _____

Please Attach Your Full-Payment Check Payable To: **DOLPHIN SWIMMING**

And Mail To: **Dolphin Swimming, Attn: 3x Swim Clinic, P.O.Box 656900 Fresh Meadows NY 11365**

(Internal Use Only / 供內部填寫)

Clinic fee 費用: _____ Cash 現金 _____ Check 支票 # _____

Date 日期: _____ Received By 接收人: _____

By participating in the Mutual of Omaha BREAKout! Swim Clinic, each participant and his/her parent/guardian agree that the Mutual of Omaha BREAKout! Swim Clinic and Mutual of Omaha have the right to use their images in connection with the promotion of the Mutual of Omaha BREAKout! Swim Clinic and/or the sport of swimming.

Release and Waiver of Liability

Assumption of Risk and Indemnity Agreement

I, _____ the enrolled participant and/or the parent/guardian of the participant(s) (1)_____, (2)_____, (3)_____ agrees and understands that by participating in the Mutual of Omaha Breakout! Swim Clinic hosted by Dolphin Swimming on January 27th 2018 at The Boys Club of New York located at 133-01 41st Road, Flushing NY 11355, I recognize that there are risks including but not limited to injury, death, and property damages.

I hereby release and waive Dolphin Swimming, The Boys Club of New York and its owners, officers, operators, agents, and employees, any and all claims and liability arising out of the services they provide and/or use of their facility.

I acknowledge that I have fully read and understand all of the foregoing, and that no officer, agent or employees will be held accountable and for all risks and injuries, death and/or property damage that may occur as a result of the event. I assume complete responsibility for all risks, injuries, death and/or property damage that may occur as a result of those risks, even if such injuries, death or property damage occurs in a manner that is not foreseeable at the time I sign this release.

I authorize any representative of Dolphin Swimming to have the participant treated in any medical emergency during their participation in the stated event. I understand that my medical and transportation expenses due to the participation of this event will not be covered by Dolphin Swimming. Further, I agree to pay all costs associated with medical care and transportation for the participant.

I have carefully read the above liability release and fully understand its contents and significance.

Print Name of Participant or Parent/Guardian

Date

Signature of Participant or Parent/Guardian

Date