



INNISFAIL DOLPHIN SWIM CLUB REGISTRATION FORM

Name:		<input type="checkbox"/> F	<input type="checkbox"/> M
Address:		Town:	
Postal Code:		Phone#:	
Parents Name(s):			
Work Phone#:		Cell Phone#:	
Email Address:			
Child's date of Birth:		Age as of May 1, 2011	
Previous competitive swimming experience: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Summer <input type="checkbox"/> Winter			
Bathing suit size or Clothing Size		Swimming Experience:	
Does your child have any physical or medical problems that the club should be aware of:			

Swim Schedules: (choose one)	Fee	
3 practice per week (May 2 to mid-Aug.) Monday (4:00-5:00 pm), Wednesday (4:00-5:00 pm), Friday (5:00-6:30 pm) Team Building- Friday(4:00-5:00)	\$200.00	<input type="checkbox"/> Yes
5 practices per week (May 1 to mid-Aug.) Monday to Friday – 5:00-6:30 pm Team Building- Friday(4:00-5:00)	\$250.00	<input type="checkbox"/> Yes
Pre-competitive Swim Program (Max 8 per class) May 2 to 18- can transfer at any time to one of the competitive programs above. 5&6 yr olds Monday & Wednesday 4:00-4:30 p.m. Thursdays 5:00-5:30 p.m. 7&8 yr olds Monday and Wednesday 4:30-5:00 p.m. Friday 5:00-5:30 p.m.	\$25.00	<input type="checkbox"/> Yes

Parent Signature:	Date:
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For more information contact: Gayle 227- 7826 or innisfaildolphins@yahoo.ca