

**REGISTRATION FORM**  
(Junior/Intermediate/Age group)



Swimmer's Name \_\_\_\_\_ Group \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(month) (day) (year)

Address \_\_\_\_\_ City \_\_\_\_\_  
(street number) (street) (postal code)

Home Ph# \_\_\_\_\_ Business Ph# \_\_\_\_\_ Cell Ph# \_\_\_\_\_

Email \_\_\_\_\_  
(please, write clearly)

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

Your swimmer's folder will include all of the following signed documents: Medical Release, Code of Conduct, Release Waiver and Assumption of Risk and Personal Information Protection & Electronic Document forms.

**Payment Plan**

Full payment \_\_\_\_\_

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ swimmer Discount \_\_\_\_\_ Account credit \_\_\_\_\_ Group \_\_\_\_\_

Bingo Commitment \_\_\_\_\_ Committee \_\_\_\_\_ Participation Points \_\_\_\_\_

**Discounts**

2<sup>nd</sup> swimmer \_\_\_\_\_ Account Credit \_\_\_\_\_

10 months payment plan

**Parents**

Mother \_\_\_\_\_

Father \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the signing of this document, I agree to the terms and conditions of the Dorado Stars Swim Club policies regarding parent participation as it pertains to: bingos, swim meets, tag days and general volunteerism.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_