



DELTA AQUATIC CLUB



MISSISSIPPI
SWIMMING

2010-2011 Short-Course Registration Form

Indicate Pool Location: Cleveland Tunica

Swimmer's Name: _____ T-Shirt Size _____ Date of Birth _____ School _____

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Parent's Name: _____ Mom Cell: _____ Dad Cell: _____

Phone (H): _____ Mom Work: _____ Dad Work: _____

Home Address: _____

Parents Email Address: _____ Swimmers Email Address: _____

All communication with parents will be conducted via e-mail.

Practice Preference for Beginners/Mighty Ducks (Rank the times in order of preference)

Beginner (45 minutes): Cleveland-3:30p____; 4:15____; 5:15p____ Tunica-6:15p____

Mighty Duck (60 minutes): Cleveland-4:00p____; 5:15p____ Tunica-6:00p____

Release of Liability: The undersigned releases DAC, its employees, officers, directors, volunteers, and the facilities used by DAC from any liability arising out of any injury to the swimmer(s) listed above which may occur while the swimmer(s) is/are participating in the DAC program. This includes, but is not limited to practices, meets, travel trips, and other team activities. The undersigned also authorizes Delta Aquatic Club to use photographs or videos of the swimmer for promotional purposes in any type of media, including the DAC website.

Signature of parent/guardian: _____ **Date:** ____ / ____ / ____

First Child (Check One – SHOULD BE THE MOST ADVANCED SWIMMER):

\$240 – Beginner / Mighty Ducks; \$270– Jr.'s; \$330 – Sr.'s

Additional Children: _____ Number of Children X \$180 per child = _____

Meet fees and equipment are not included. Total Fees \$ _____

Please note that swimmers have a two-week trial period during which time the family or the coaching staff may decide that the child will not continue swimming. In this case, DAC dues will be refunded. **Otherwise, swim dues are non-refundable should a family decide to discontinue swimming during a season. The MS Swimming Registration Fee is also non-refundable.** Special situations may be brought before the DAC board for consideration.

Please initial here as to your understanding of this policy: _____.

Payment Options (Check One):

Six Post-dated checks; One Check for full payment; Bank draft (Signed authorization/Voided Check)

BANK NAME _____ CITY, STATE, ZIP _____

I hereby request and authorize you to pay and charge drafts on the account indicated below by and payable to the order of **Delta Aquatic Club** after the 10th day of each month beginning **September 2010** and each month thereafter through and including **February 2011**. The withdrawals are for the payment of DAC dues and the Bank shall not honor drafts from my account in excess of \$ _____.

Routing Number _____

DATE: _____ SIGNED: _____ ACCOUNT NUMBER _____