

# Team Delaware Registration Form – Spring/Summer 2008

It is extremely important that the information provided on this application be complete and correct. This is our means of updating medical information and making sure that the swimmer information is correct. A swimmer's registration will not be deemed complete until a Team Registration form and full dues payment are submitted to Team Delaware.

**Family's Information (please print)**

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

Family's Last Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Phone (work): \_\_\_\_\_ Cell \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Phone (work): \_\_\_\_\_ Cell \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address 1: \_\_\_\_\_ Email Address 2: \_\_\_\_\_

**Swimmer's Information (please print)**

Swimmer's Full Name (first, m.i., last): \_\_\_\_\_  
 Sex: M/F DOB (mm/dd/yy): \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Medical Conditions/Allergies: \_\_\_\_\_

**Training Group (circle a group AND a term)**

Payment Calculator:

<u>Groups</u>	<u>Terms</u>			
Developmental Group	Spring (4/14-6/07)	Summer (6/09-8/1)	Both (4/14-8/1)	Swim Fee Due: \$ _____
Silver / Bronze Groups	Spring	Summer	Both	USS Fee \$57 x # of Swimmers \$ _____
Gold Group	Spring	Summer	Both	<b>Total Due w/Application \$ _____</b>

**Training Facility (circle one)**

North (PS, JCC) South (UD, TDC)

<b>Developmental Group</b>	<b>\$100/month</b>		
<b>Silver or Bronze</b>	<b>Spring - \$325.00</b>	<b>Summer - \$325.00</b>	<b>Spring/Summer - \$625.00</b>
<b>Gold</b>	<b>Spring - \$340.00</b>	<b>Summer - \$340.00</b>	<b>Spring/Summer - \$650.00</b>

**These prices do not include the USS registration fee of \$57.00.**

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### Please Read and Sign

In consideration of the acceptance of my child(ren) into the competitive aquatic program sponsored by Team Delaware, Inc. of Wilmington, DE, hereinafter referred to as TD, I the parent/guardian of said child(ren) agree to indemnify TD and hold it safe and harmless from and against all loss, cost, damages, claims, actions, or liabilities, on account of the death or injury to any person or the damage to or destruction of any property arising from, or growing out of said child(ren)'s participation in the competitive programs conducted by TD.

I have read this registration form and I agree to abide by the provisions, which are made therein including the agreement to pay the appropriate fee by the designated time, as detailed in the referenced payment schedule.

In WITNESS THEREOF, I have executed the agreement on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent/Guardian signature \_\_\_\_\_

Payment can be made by Check payable to Team Delaware, PO Box 9503, Wilmington, DE 19809, or by Visa or Mastercard

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_  
(3 digit # on signature panel)