2021 Dolphin Swim Team ONLY Registration Form (non-members)

**Please send completed form to Devon at dslough@richmond.edu

	1st parent or guardian	2nd parent or guardian
Name		
Address		
Home phone		
Cell Phone		
Work Phone		
Email address		

Member Name: _			Primary Email	
	(first)	(last)	•	
Address:			Primary Phone #	
			Secondary Phone#	
			Emergency phone#	
(cit	y)	(zip)		

Please complete the information below on each of your swimmers:

Child Name	Age	Child's birthdate	Gender		New to tea	am?	Fee
1.			M	F	Yes	No	\$190
2.			M	F	Yes	No	\$265
3.			M	F	Yes	No	\$315
4.			M	F	Yes	No	\$365
5.			M	F	Yes	No	
6.			M	F	Yes	No	
7.			M	F	Yes	No	

JRAC Age Classifications

The eligibility of a swimmer for a particular age group will be determined by his/her age as of **June 1st** of this year.

8 years & under	9 & 10 years	11 & 12 years	13 & 14 years	15-18 years

Do any of the swimmers have any known allergies or other medical conditions that the staff should know about? If so, please describe:

JRAC Waiver

JRAC requires a liability waiver for any swimmer participating in a league swim meet. You may complete this waiver online using the following link: https://jrac2016waiver.formstack.com/forms/2021waiver

PLEASE NOTE: Select CAA as the team, then SWIM. The remaining, required information is on the second page. Also, please note that a separate waiver is required for EACH individual swimmer. So if you have multiple swimmers in your family, you will need to submit a form for each, rather than one per family.

CAA Waiver

uatics Association, Inc., in
p abide by all pool rules, regulations gency, I give permission to CAA reatment of my dependents in my dical treatment is authorized.
Date