



North Myrtle Beach Aquatic & Fitness Center Dolphins Swim Team

Grand Strand Recreational Swim League 2019 - 2020

Ages: 5-18 years

Registration Begins: August 1, 2019

Season Begins: September 9 and runs through April 2020

Practice Days: Mon/Wed/Fri

Practice Times: 4:00p-4:45p* -OR- 4:45p-6:00p*

*Practice time based on age and ability.

Coach Judy will assign practice times.

Interested in having your swimmer participate?

Call or email Coach Judy for your free swim assessment **today!**

Registration Fee (per swimmer)	\$20.00	team cap & shirt
AFC Member Monthly Fee 1 st Swimmer	\$40.00	
AFC Member Monthly Fee 2 nd Swimmer*	\$35.00	
Non-AFC Mbr. Monthly Fee 1 st Swimmer	\$55.00	
Non-AFC Mbr. Monthly Fee 2 nd Swimmer*	\$50.00	

*from the same family



The North Myrtle Beach Aquatic & Fitness Center **Dolphins** is one of several teams around the Grand Strand who participate in the Grand Strand Recreational League. The goal of the League is to promote and facilitate a safe, positive, and fun introduction to competitive swimming. Participants will receive instruction for all four competitive strokes, learn proper starts, turns and other racing techniques. Participants must be able to swim 25 yards on their front and back, be comfortable in nine feet of water and able to tread water. If you're unsure of your swimmer's ability call for your free assessment today!

GO DOLPHINS!

NMB Aquatic & Fitness Center
1100 2nd Avenue South
North Myrtle Beach, SC 29582



Coach Judy Childers
843-281-3743
jachilders@nmb.us

IT'S ALL ABOUT FUN!



North Myrtle Beach Aquatic & Fitness Center Dolphins
2019-2020 Swim Season
Swimmer Registration Form

PLEASE PRINT:

Swimmer's name _____ **Date of Birth** _____ **Male/Female**
 Last First Middle

2nd Swimmer _____ **Date of Birth** _____ **Male/Female**
 Last First Middle

Address _____ **City/State** _____ **Zip** _____

Parent E-mail: _____ **2nd Email** _____

Cell Phone _____ **Work Phone** _____

Father's Name _____ **Mother's Name** _____

Previous swim team experience? Yes No **Team:** _____

Team t-shirts included--circle size: YM YL AS AM AL AXL

North Myrtle Beach Aquatic & Fitness Center Dolphins Fees

Registration Fee (per swimmer)	\$20.00	Due	\$ _____
Monthly Fee AFC 1 st Swimmer	\$40.00	Due	\$ _____
Monthly Fee AFC 2 nd Swimmer*	\$35.00	Due	\$ _____
Monthly Fee Non-AFC member	\$55.00	Due	\$ _____
Monthly Fee Non-AFC member 2 nd Swimmer	\$50.00	Due	\$ _____

*from same family

TOTAL DUE \$ _____

Payments may be made with check (payable to City of NMB) cash, credit card (MC or Visa).

Monthly payments are due on the first of each month and late after the 7th.

Please note: There are no refunds or proration if your child decides to leave the program during the middle of a month. If your child swims one day during a month, then that month's fees are due.

Waiver for Participant

Under age 18 Must Be Signed by Parent

In consideration of your accepting my registration, I hereby for myself, my child(ren), my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child(ren) may have against the City of North Myrtle Beach and the Aquatic & Fitness Center and its representatives, successors and assigns for any and all injuries suffered by myself or my child(ren) at any activity sponsored by these groups. I also give permission to the North Myrtle Beach Aquatic & Fitness Center to use and display any photographs taken of me/my child(ren), which may be forwarded to newspapers and other publications in which the photograph would be associated with the North Myrtle Beach Aquatic & Fitness Center.

Signature of Parent/Guardian: _____ **Date:** _____



EMERGENCY MEDICAL FORM
Grand Strand Swim League 2019-2020

PLEASE PRINT:

ONE FORM PER SWIMMER

Swimmer's name _____
Last First MI

Date of Birth _____ Male / Female School _____

Address _____ City/State _____ Zip _____

Phone _____ Email Address: _____ Cell: _____

Father's Name _____ Work Phone: _____

Mother's Name _____ Work Phone: _____

Other Emergency Contact: _____

Relationship: _____ Phone: _____

Please indicate any known restrictions or limitations on your child's activities, including any injuries or illnesses which might impact your child while participating in a competitive swimming program. (Use back of form for additional space.)

Primary Physician's Name: _____ Phone: _____

Please describe any allergies: _____

Regular Medication: _____

If neither parent can be contacted in the case of a serious injury or illness, I hereby authorize a representative of the North Myrtle Beach Aquatic & Fitness Center to secure emergency medical treatment from any recognized doctor or hospital for my child if such doctor determines that such treatment is necessary or advisable.

Parent Signature _____ Date _____