



Family Last Name: _____

REGISTRATION Short Course 2011-2012

USA SWIMMING FEES / ANNUAL FUNDRAISING FEE / ESCROW ACCOUNT DEPOSIT

USA SWIMMING, OH LSC, COSA Registration (\$65 per swimmer)	\$
2 swim caps imprinted with child's last name (\$36 per swimmer: this is optional)	+ \$
Fundraising Fee: White \$75 Red/Blue: \$100 Bronze/Silver/Gold: \$145 Maximum per family: \$200	+ \$
	=
SUBTRACT Fundraising Fee IF pre-paid to secure swimmer's spot	-
Total Non-refundable Fees:	
Entry Fee Account Deposit (\$50 per swimmer)	+ \$
Payable by cash or check to: Dynamo Swim Team	=

PLEASE NOTE THAT ALL SWIMMERS WILL RECEIVE A TEAM T-SHIRT AND BASIC "DYNAMO" SILICONE CAP

Last, First, Middle Initial	Group	Date of Birth	Age	T-Shirt
1.				Circle: Youth or Adult: S /M /L /XL
2.				Circle: Youth or Adult: S /M /L /XL
3.				Circle: Youth or Adult: S /M /L /XL

Please note that the JCC will need to close the pool facility for approximately two weeks during our season as they are replacing the filter system of both pools. They will schedule the closing around the Jewish Holidays at the end of September or the beginning of October. They hope to find Dynamo an alternative practice facility during this time.

Cut off at dotted line to retain meet schedule

2011-2012 SC MEET SCHEDULE

DATE	LOCATION	MEET	AGE	ABILITY
October 21-23	Worthington	John Bruce Memorial	12 & U, 13 & Over	All
November 4-6	Upper Arlington	Golden Bear Invitational	14 & U, 15-18	All
December 3-4	Worthington	Katy Callard	Pending Sanction Approval	
January 7-8	Upper Arlington	Triple Crown	14 & Under	All
January 20-22	Worthington	Kelly German Memorial P/F	14 & Under	All
February	Worthington	Regionals P/F	14 & Under	Slower than JO Cut
March 2-4	OSU	OH Senior Meet P/F	Senior	Time Standards
March 3-4	Worthington	Barbara Kay Mini-Champs	8 & Under	All
March 8-11	OSU	Grand Prix P/F	Senior	Time Standards
March 9-11	Bowling Green	Junior Olympic State Meet	14 & Under	Faster than OH JO
March 22-25		Central Zone Sectionals		Time Standards

There will be a sign-up sheet on the Dynamo bulletin board (located in the Northeast Corner of the indoor pool).

Please register 1 month before the meet date.

****Some practices will be cancelled due to meets as it is assumed the team will be at the competition****

Dynamo is a competitive swim team and except for our white level swimmers, this does require participation in meets. If your swimmer is not available to swim every day of the meet, that's all right, we would like to see them participate on the day they can. Meet participation enables your swimmer to bond with other members of the team and enjoy the benefits of team competition as they cheer each other on toward personal success and it gives practice a purpose which encourages them to establish goals. They are able to meet kids from other teams who share a common interest in a fun, safe environment. It provides an "education" as to what competitive swimming is all about!



Family Last Name: _____

REGISTRATION

Short Course 2011-2012

Father or Guardian

Mother or Guardian

	Name	
	Address	
	City, Zip Code	
	Home Phone	
	Cell Phone	
	Work Phone	
	Email Address	

If parents are unavailable, please contact the person designated below:

Contact:	Relationship:	Phone: () -
Additional comments regarding medical history: medication, allergies, drug reactions, etc. which will be useful in rendering medical treatment		
Athlete 1. Name:		
Comments:		
Athlete 2. Name:		
Comments:		
Athlete 3. Name:		
Comments:		
DOCTOR:	Phone: () -	
Insurance Information	Policy Holder's Name:	
Company Name:	Policy #:	
Address:		
Phone: () -		

MEDICAL RELEASE

Short Course 2011-2012 / Long Course 2012 / Pre-Season Extensions

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE LISTED ATHLETE(S) IS IN GOOD HEALTH AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. I HEREBY GIVE CONSENT FOR MY CHILD/CHILDREN TO ENGAGE IN ANY AND ALL TRAINING SESSIONS WITH DYNAMO SWIM TEAM, WHICH IS OWNED AND OPERATED BY THE JEWISH COMMUNITY CENTER (JCC), COLUMBUS, OHIO. IN CASE OF INJURY, I HEREBY GIVE DYNAMO SWIM TEAM, ITS COACHING STAFF, THE JCC AND ITS STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I HEREBY FOREVER RELEASE AND HOLD HARMLESS THE AFOREMENTIONED PARTIES FROM ANY AND ALL CLAIMS OF ANY KIND THAT I OR MY HEIRS, EXECUTORS OR ASSIGNS MAY HAVE OR CLAIM TO HAVE RESULTING IN ANY WAY FROM MY CHILD'S PARTICIPATION IN THE SWIM PROGRAM.

 Printed Name of Parent or Guardian Signature of Parent or Guardian Date

 Printed Name of Participant (if 18+) Signature of Participant (if 18+) Date



JCC of Greater Columbus
1125 College Avenue
Columbus, Ohio 43209

Table with 3 columns: GROUP, NON-MEMBER, JCC MEMBER. Rows include WHITE, RED, BLUE, BRONZE, SILVER, GOLD.

If you are a current member of the JCC, please provide your membership number here: _____

Table with 5 columns: Swimmer's Name, Practice Group, Program Fee, Discount, Amount Due After Discount. Rows 1-3 show swimmer levels and fees.

Total non-refundable fees payable by cash, check, or charge to: Jewish Community Center: \$ _____

Payment Options:

- Payment in full via cash, check*, electronic funds transfer (EFT)**, or credit card***
2 installments via check (include postdated check), automatic EFT**, or automatic charge to credit card***
1. Upon Registration (50%) 09-20-11
2. 11-18-2011 (50%)

You may elect 3 installments if you have multiple swimmers:

- 1. Upon Registration (40%) 09-20-11
2. 11-18-2011 (30%)
3. 01-13-2012 (30%)

*Checks should be made payable to 'JCC of Columbus' and submitted with this form. Please post-date and include second check.

**EFT (Attach Voided Check or Deposit Slip): Bank Routing Number: _____ Account Number: _____

***MC / Visa / American Express (Circle appropriate card type):

Card Number: _____
Expiration Date: _____
Security Code: _____

Table with 2 columns: FEE CHARGED, REASON FOR CHARGE. Rows show \$25 for denied payment and \$10 for late processing.

I hereby authorize the JCC to use the above banking information to withdraw funds for program fees due at the specified times. I understand that a reminder notice will not be sent by Dynamo Swim Team or the JCC and additional fees may be charged for the reasons listed above.

Printed Name of Parent or Guardian _____ Signature of Parent or Guardian _____ Date _____ Cell Phone Number _____