



JOE FLAHERTY'S DOLPHINS
2017-2018 STROKE CLINIC REGISTRATION

16512 Roundabout Drive, Gaithersburg, MD 20878

Phone: 301-916-1852

www.JFDolphins.com

Fax: 301-916-2952

SWIMMER'S PERSONAL INFORMATION

Swimmer's Last	First	Middle	Age	Birth Date	M / F
Street Address			Mother's Name	Cell/Work Phone	
City	State	Zip	Father's Name	Cell/Work Phone	
Primary Phone Number			Emergency Contact's Name	Cell/Home Phone	
E-Mail Address (Print clearly - JFD billing & announcements)			Summer Swim Team and School		
Comments on any coach:			Referred to JFD by:		

CLINIC FEES & PAYMENT PLANS

Practices Per Week (Please Circle)	1x	2x	3x	4x	
Full Season Practice Fees	\$768	\$1,344	\$1,728	\$1,920	\$
10% Sibling Discount (off each additional sibling's program fee) - If applicable					\$
Annual Registration Fee: Required & non-refundable					\$50.00
TOTAL CLINIC:					\$

Method of Payment: (Check One)	Payment Plan Options:
<input type="checkbox"/> Option A: Check (Please write your child's name in the memo.)	<input type="checkbox"/> Pay in Full
Make checks payable: Joe Flaherty's Dolphins, LLC.	<input type="checkbox"/> Payment Plan (Not sessional billing)
<input type="checkbox"/> Option B: Credit Card (including additional 4% service charge)	1/3 balance due: September 15th
Please Charge My: __ Visa __ Mastercard __ AMEX __ Discover	2/3 balance due: December 15th
Card Number: _____	Last payment due: February 15th
Exp. Date: _____ Code _____	*Each payment must be received by balance due date for your child to continue swimming.
I authorize Joe Flaherty's Dolphins, LLC. to charge my credit card.	Call 301-916-1852 or email JFDBilling@gmail.com with questions!
Signature: _____ Date: _____	

SWIMMER'S REQUESTED SCHEDULE

Season Dates: September 18, 2017- May 13th, 2018

Your Start Date:	Preferred Practice Times	M	Tu	W	Th	F	Sa	Su
Circle your preferred pool.		GP QO	GP QO	GP QO	GP QO	QO	GP QO	GP QO

For all scheduling questions, including about JFD Open Enrollment, please email JFDSchedules@gmail.com or call 301-916-1852.

***PLEASE NOTE:** Excluded from the program fees are 7 days for winter break and 7 days for spring break; make-ups will not be offered. Also, the first free 2 weeks of the season for QO Clinic & Team swimmers will be held at Montgomery Square Copenhaver Swim Club (12300 Falls Rd., Potomac, MD) while Quince Orchard performs extensive transitions from summer to winter operations. During the 2 weeks following the regular season (May 14th-25th), optional Bonus Practices or make-ups will also be held at MSC.

Make-up Policy

Since JFD still incurs the expenses for a practice when a swimmer misses, there will be no refunds for missed practices. Missed practices are nontransferable. Make-ups may only be scheduled after the missed practice and during bonus practices. (See bonus practice schedule on our website.) We require 48 business hours' notice to process your request. So we can be efficient please email us at jfdschedules@gmail.com with the following information in this order: Date, time, level, category (lessons, clinic, etc.), name (first and last), age, and phone/email. No make-ups will be approved for a missed scheduled make-up.

EMERGENCY MEDICAL INFORMATION, LIABILITY RELEASE AND INDEMNIFICATION

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities."

This agreement is valid while the participant is a member of Joe Flaherty's Dolphins, LLC.

I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand that my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any concerns about the risk, I should discuss them with the activity coordinators and event staff, before I sign this document and before the activity begins.

Release – Minor's Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless Joe Flaherty's Dolphins, LLC, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of minor) _____ (Signature of minor) _____ (Date) _____

Release – Parents'/Guardians' Rights:

In consideration of allowing Minor Participant to participate in Joe Flaherty's Dolphins, LLC Swimming events, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian) _____ (Signature of parent) _____ (Date) _____

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the activities.

(Print name of Parent/Guardian) _____ (Signature of parent) _____ (Date) _____

In the event of illness, accident, or injury, permission is granted to have _____ treated by a physician.

Please note that our child is allergic to the following medications: _____

Please note that our child has the following health conditions: _____

Emergency contact if parents cannot be reached (Names, Relationship, and Phone Numbers)

Name _____ Relationship _____ Phone _____

Medical Insurance Carrier _____ Policy #: _____ Group # _____ (if applicable)

I give my permission for _____ to be photographed with the potential for use on JFD website and promotional material
Signature of Parent or Legal Guardian: _____ (date)

Phone number of Parent or Legal Guardian: _____