



**JOE FLAHERTY'S DOLPHINS**  
**2017-2018 LESSON 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	School	
Comments on any coach:			Referred to JFD by:		

**LESSON FEES & PAYMENT PLANS**

Practices Per Week (Please Circle)	1x	2x	3x	4x	
<input type="checkbox"/> <b>Discounted Full Season</b> (9/18/17 - 5/13/18)	\$768	\$1,344	\$1,728	\$1,920	\$
<input type="checkbox"/> <b>Session 1</b> (10 weeks: 9/18/17 - 11/26/17)	\$260	\$480	\$660	\$800	\$
<input type="checkbox"/> <b>Session 2</b> (10 weeks: 11/27/17 - 2/11/18)	\$260	\$480	\$660	\$800	\$
<input type="checkbox"/> <b>Session 3</b> (12 weeks: 2/12/18 - 5/13/18)	\$312	\$576	\$792	\$960	\$
10% Sibling Discount (off each additional sibling's <b>program</b> fee) - If applicable					\$
<b>Annual Registration Fee: Required &amp; non-refundable</b>					<b>\$50.00</b>
<b>TOTAL LESSON:</b>					\$

<b>Method of Payment: (Check One)</b>	<b>Payment Plan Options:</b>
<input type="checkbox"/> <b>Option A: Check</b> (Please write your child's name in the memo.)	<input type="checkbox"/> <b>Pay in Full</b>
Make checks payable: <b>Joe Flaherty's Dolphins, LLC.</b>	<input type="checkbox"/> <b>Payment Plan (FOR FULL SEASON ONLY)</b>
<input type="checkbox"/> <b>Option B: Credit Card</b> (including additional 4% service charge)	1/3 balance due: <b>September 15th</b>
Please Charge My: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	2/3 balance due: <b>December 15th</b>
Card Number: _____	Last payment due: <b>February 15th</b>
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.	
Signature: _____ Date: _____	Call 301-916-1852 or email JFDBilling@gmail.com with questions!

**SWIMMER'S REQUESTED SCHEDULE**

**Season Dates: September 19, 2016- May 14th, 2017**

Please circle your preferred days/times.	MON	TUE	WED	THUR	FRI	SAT	SUN AM	SUN PM
		4pm	4pm	4pm	4pm	4pm	8am	8am
	5pm	5pm	5pm	5pm	5pm	8:45am	8:45am	4pm
<b>Your Start Date:</b>	6pm	6pm	6pm	6pm	6pm	9:30am		5pm
	7pm	7pm	7pm	7pm	7pm			6pm
								7pm

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

**Make-up Policy**

Since JFD still incurs the expenses for a lesson when a swimmer misses, there will be no refunds for lessons missed. Missed lessons are nontransferable. Make-ups may only be scheduled after the missed lesson. We will schedule lesson make-ups during the regular lesson times where we have space. 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:** \_\_\_\_\_