



**JOE FLAHERTY'S DOLPHINS**  
**2017-2018 TEAM 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:			

**TEAM FEES & PAYMENT PLANS**

**Competitive Team (Attends PVS swim meets)**

Practices Per Week (Please Circle)	1x	2x	3x	4x	5x	6x	
<b>Full Season Practice Fees</b>	\$1,025	\$1,536	\$2,064	\$2,336	\$2,640	\$2,928	\$
10% Sibling Discount (off each additional sibling's program fee) - If applicable							\$
<b>Team Fees (JFD &amp; USS Registration and Meet Supervision): Required &amp; non-refundable</b>							<b>\$180.00</b>
<b>Meet Entry Fee Deposit (\$5.00 per meet entry): Valid for the 2017-18 season only, Optional &amp; Non-refundable</b>							<b>\$120.00</b>
<b>TOTAL COMPETITIVE TEAM:</b>							<b>\$</b>

JFD will provide Team apparel for **Competitive Team Swimmers** who pre-register for the full season.

**Stealth Team (Non-competitive Team)**

Practices Per Week (Please Circle)	1x	2x	3x	4x	5x	6x	
<b>Full Season Practice Fees</b>	\$1,025	\$1,536	\$2,064	\$2,336	\$2,640	\$2,928	\$
10% Sibling Discount (off each additional sibling's program fee) - If applicable							\$
<b>Annual Registration Fee: Required &amp; non-refundable</b>							<b>\$50.00</b>
<b>TOTAL STEALTH TEAM:</b>							<b>\$</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 (Not sessional billing)</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.	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:** \_\_\_\_\_

# Joe Flaherty's Dolphins Parent Code of Conduct

Joe Flaherty's Dolphins is committed to creating a safe and positive environment for members' physical, emotional and social development and ensuring that it promotes an environment free of misconduct. To be a member of Joe Flaherty's Dolphins is a privilege and not a right. To be a member in good standing you must comply with the following code of conduct.

*Preamble: The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: respect, responsibility, fairness, caring, trustworthiness and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character" (Arizona Sports Summit Accord).*

By signing below I hereby agree that:

1. I will encourage good sportsmanship by my actions, demonstrating positive support for all swimmers, coaches, and officials at every practice, and meet.
2. I will place the emotional and physical well-being of my child and others ahead of my desire to win.
3. I will encourage my child to swim in a safe and healthy environment by maintaining a respectful and courteous attitude to others.
4. I will promptly inform my child's coach of any physical/mental disability or challenge affecting my child that may affect the safety of my child or others.
5. I will teach my child that doing his/her best is more important than winning.
6. I will do my best not to ridicule, bully, blame, or yell at my child or other swimmers, coaches, officials or volunteers in response to a poor performance or for any other reason.
7. I will do my best to make swimming fun at all times and will remember that my child participates in sports for his/her own enjoyment and satisfaction.
8. I will teach my child to treat other swimmers, coaches, fans, volunteers, officials, and pool staff with respect, regardless of race, creed, color, sexual orientation or ability. I will also take action and report any acts of bullying, harassment or abuse to the appropriate authorities.
9. I will applaud any effort in both victory and defeat emphasizing positive accomplishments and learning from mistakes.
10. I will teach my child to resolve conflicts calmly and peacefully without resorting to hostility or violence.
11. I will be a positive role model for my child and others.
12. I will demand a swimming environment for my child that is free of drug or alcohol abuse and agree that I will not use or provide to a third-party any illegal drug prohibited by applicable federal, state, or municipal law.
13. I will not assist or condone any athlete's use of a banned substance as described by USA swimming and or International Olympic committee.
14. Parents will refrain from talking to coaches during practice and meets on the pool deck.
15. I will respect my child's coach and refrain from "side line" coaching my child or other swimmers.
16. I will respect the USA swimming rules and not attempt to go on the meet deck unless I am volunteering to work as a meet official or timer.
17. I will only use [jfdmeets@gmail.com](mailto:jfdmeets@gmail.com) for any and all communications regarding meets and meet entries. I will refrain from contacting any and all PVS meet directors.
18. I will respect the decisions of officials, their authority and decisions during meets and teach my child to do the same.
19. I will show appreciation and recognize the importance of volunteers and club officials. I will fulfill my responsibility to help my club with membership, special projects, and meets.
20. I will support and respect all swimmers and their right to participate.
21. I will educate myself and respect the JFD make up policy.
22. I will do my part as a time parent and volunteer as a timer or meet official for at least 25% of my child's meet participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Print Swimmer's Name \_\_\_\_\_ Date \_\_\_\_\_