



**JOE FLAHERTY'S DOLPHINS
2016-2017 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	
Home 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	
Full Season Practice Fees	\$926	\$1,422	\$1,896	\$2,197	\$2,535	\$2,830	\$
Team Fees (JFD & USS Registration and Meet Supervision): Required & non-refundable							\$180.00
Meet Entry Fee Deposit (\$5.00 per meet entry): Valid for the 2016-17 season only, Optional & Non-refundable							\$120.00
10% Sibling Discount (off each additional sibling's program fee) - If applicable							\$
TOTAL COMPETITIVE TEAM:							\$

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	
Full Season Practice Fees	\$926	\$1,422	\$1,896	\$2,197	\$2,535	\$2,830	\$
Annual Registration Fee: Required & non-refundable							\$50.00
10% Sibling Discount (off each additional sibling's program fee) - If applicable							\$
TOTAL STEALTH TEAM:							\$

Method of Payment: (Check One)

Option A: Check (Please write your child's name in the memo.)
Make checks payable: **Joe Flaherty's Dolphins, LLC.**

Option B: Credit Card (including additional 4% service charge)
Please Charge My: __ Visa __ Mastercard __ AMEX __ Discover
Card Number: _____

Exp. Date: _____ Code _____

I authorize Joe Flaherty's Dolphins, LLC. to charge my credit card.

Signature: _____ Date: _____

Payment Plan Options:

Pay in Full
 Payment Plan (Not sessional billing)

1/3 balance due: **September 15th**

2/3 balance due: **December 15th**

Last payment due: **February 15th**

*Each payment must be received by balance due date for your child to continue swimming.

Call 301-916-1852 or email JFDBilling@gmail.com with questions!

SWIMMER'S REQUESTED SCHEDULE

Season Dates: September 6, 2016- May 14th, 2017*

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	GP 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 2 weeks of the season for QO Clinic & Team swimmers will be held at Montgomery Square Copenhagen 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 15th-26th), 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.