



2008

JOE FLAHERTY'S DOLPHINS TEAM REGISTRATION FORM

2009

Swimmer's Last Name	First	Middle	Age	Birth Date
Street Address			E-mail Address	
City	State	Zip	Home Phone Number	
Mother's Name	Cell/Work Phone	Father's Name	Cell/Work Phone	
If you swam for JFD previously, your coach and any comments about that coach				
School you will be attending in Fall 2008		Summer Swim Team and/or Pool		

TEAM FEES – PAYMENT PLANS

PRACTICES PER WEEK (Please Circle One)

	2x	3x	4x	5x	6x	FEES
FEES:	\$1,224	\$1,598	\$1,768	\$2,040	\$2,278	
Additional Fees:						
Team Fees for JFD & USS Registration and Meet Supervision: Required & non-refundable						\$ 180.00
Deposit for Meet Entry Fees (\$120.00) or (\$5.00 per meet event entry)						
Bonus Practice Fee: Optional, Covers unlimited Bonus Practices 20-30 annually	\$135.00					+
You will receive 10% off each additional sibling's program fees						-
TOTAL DUE						

Number of Practices per week: _____ **Day (circle)** M Tu W Th F Sa Su

Start Date: _____ **Time:** |____| |____| |____| |____| |____| |____| |____|

Circle Location: Quince Orchard Georgetown Prep

We are providing suits for our swimmers this season. A coupon will be sent to you through the mail and you can take it to Underwater Wear to pick up your suit, t-shirt and hoodie.

Payment Options: (Circle One):

Option A – Check (Please write your child's name on your check. Thank you.)

Option B – Credit Card

Option C – Monthly Billing thru EFC (10% additional fees. Separate form to fill out.)

Option A: Please make checks payable and send to:

Joe Flaherty's Dolphins, Inc.

16512 Roundabout Dr.

Gaithersburg, MD 20878

Or Fax to 301-916-2952

or call 301-916-1852 with any questions!

Option B

Please Charge My Credit Card: _____ Visa _____ Mastercard _____ Am. Express _____ Discover

My Account Number Is: _____ Exp. Date: _____

Signature: _____ **Date:** _____

Option C: Please fill out the enclosed separate form for EFC (Educational Funding Co.)

PRACTICE SCHEDULE

All practices begin the week September 15, 2008
 Lessons will end May 4, 2009, Clinic and **Team** will end Friday May 22, 2009
 Practices located at **Quince Orchard Swim & Tennis Club**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3:00-5:25pm	3:00-5:25pm	3:00-5:25pm	3:00-5:25pm	3:00-5:25pm	7:50-10:00am	7:50-10:00am
3:50-5:30pm	3:50-5:25pm	3:50-5:25pm	3:50-5:25pm	3:50-5:25pm		2:50-5:00pm
4:00-4:40pm*	4:00-4:40pm*	4:00-4:40pm*	4:00-4:40pm*	4:00-4:40pm*		
4:45-5:30pm**	4:45-5:30pm**	4:45-5:30pm**	4:45-5:30pm**	4:45-5:30pm**		
4:50-6:30pm	4:50-6:30 pm	4:50-6:30pm	4:50-6:30pm	4:50-6:30pm		2:50-4:25pm
6:15-8:00pm	6:15-8:00pm	6:15-8:00pm	6:15-8:00pm	6:15-8:00pm		4:15-6:00pm

*New timeslot is *dryland* for committed 9-12 year olds **New timeslot is *dryland* for swimmers 13+

Team practices will be offered at **Georgetown Preparatory School** at the following times:

Mon	Wed	Fri	Sun
6:00-8	6:00-8	6:00-8	6:00-8

Georgetown Preparatory School: 10900 Rockville Pike, between White Flint Mall and Tuckerman Lane

NOTE: Quince Orchard Swim & Tennis closes in early May for removal of the bubble. Practices will be offered at Potomac Glen or Georgetown Prep for the remainder of the season.

NOTE: We are not on our regular schedule for Thanksgiving weekend, MCPS Winter and Spring breaks. You will not be charged for these weeks off. Bonus Practices are offered, which are covered by the bonus practice fee, or a per practice fee.

\$\$\$\$: We will show our appreciation for your referrals to the DOLPHINS by crediting you \$50.00 in **Dolphin Dollars** for each new family that registers with the Dolphins by 12/31/08 and writes your name in the space below!

How did you hear about the Dolphins: _____

JFD Liability – Medical Information

We, the undersigned, do hereby give permission for our child to train/compete as a member of Joe Flaherty's Dolphins, LLC. We understand that the coaches, volunteer parents, the Potomac Valley Swimming Committee and its representatives who represent the team in any capacity, do so for our mutual benefit, and that their sole responsibility towards us or our child is that of giving guidance and council as might be expected of a prudent person serving as companion. We will not hold JFD liable for any injuries/damages resulting from automobile accidents involving carpools. Any coach who drives to a meet/practice with a swimmer or fellow coach is doing so as a neighborly gesture on their own accord, not as a part of the business relationship between JFD, LLC and the swimmer. We expressly agree to hold these persons, collectively and individually, free from blame or suit for injury, or damages, or liability, or legal action of any kind, for any reason, and to hold them harmless from any action which might be brought against them for any reason whatsoever in connection with team activities.

In the event of illness or injury, permission is granted to have _____ treated by a physician.
(swimmer's name)

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 (Name, Relationship, and Phone Number)

Our Medical Insurance Carrier Is: _____ Policy #: _____

Signature of Parent or Legal Guardian: _____

Office use only: Date received _____ Date fully processed _____