

Lexington Dolphins, Inc.
Application for Membership

For the Fiscal Year from September 1, 2010 through August 31, 2011

Primary Parent/ Guardian Contact

Name _____
Last Name First Name Middle Initial

Mailing Address: _____

Employer: _____
Occupation: _____
Home Phone: _____
Office Phone: _____
Cell Phone: _____
Email Address: _____ (email address to which invoices should be sent)

Secondary Parent/ Guardian Contact

Name: _____
Last Name- First Name- Middle Initial

Employer: _____
Occupation: _____
Home Phone: _____
Office Phone: _____
Cell Phone: _____
Email Address: _____

Referred to the team by: _____

Athlete Information

Swimmer's Name: _____
(Last name- Legal First Name- Middle Name)

Preferred Name: _____ Date of Birth: _____

Male of Female (circle one) Age on last birthday: _____

T-shirt Size: (circle one) YthS YthM YthL AdS AdM AdL AdXL AdXXL

Prior Swimming Experience: _____

School: _____ Grade for fall 09: _____

Summer Team: _____ Practice Group: _____

Please list physical limitations (allergies, hearing, sight, medical conditions, etc) and any medications taken: _____

(continued)

Swimmer's Name: _____
 Preferred Name: _____ Date of Birth: _____
 Male of Female (circle one) Age on last birthday: _____
 T-shirt Size: (circle one) YthS YthM YthL AdS AdM AdL AdXL AdXXL
 Prior Swimming Experience: _____
 School: _____ Grade for fall 09: _____
 Summer Team: _____ Practice Group: _____
 Please list physical limitations (allergies, hearing, sight, medical conditions, etc) and any medications taken: _____

Swimmer's Name: _____
 (Last name- Legal First Name- Middle Name)
 Preferred Name: _____ Date of Birth: _____
 Male of Female (circle one) Age on last birthday: _____
 T-shirt Size: (circle one) YthS YthM YthL AdS AdM AdL AdXL AdXXL
 Prior Swimming Experience: _____
 School: _____ Grade for fall 09: _____
 Summer Team: _____ Practice Group: _____
 Please list physical limitations (allergies, hearing, sight, medical conditions, etc) and any medications taken: _____

Swimmer's Name: _____
 (Last name- Legal First Name- Middle Name)
 Preferred Name: _____ Date of Birth: _____
 Male of Female (circle one) Age on last birthday: _____
 T-shirt Size: (circle one) YthS YthM YthL AdS AdM AdL AdXL AdXXL
 Prior Swimming Experience: _____
 School: _____ Grade for fall 09: _____
 Summer Team: _____ Practice Group: _____
 Please list physical limitations (allergies, hearing, sight, medical conditions, etc) and any medications taken: _____

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 The following registration fees must be paid with this application and before the above named swimmers are eligible to participate with the Dolphins. Registration fees will be refunded if the applicant declines participation after the two week trial period, if the applicant is placed on the waiting list or if the applicant is rejected.

Registration Fees:
 Number (#) _____ of swimmers at \$100 \$ _____

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 For office use only- Application accepted _____ Date notified _____
 Initial _____ Application rejected _____ Date placed on waiting list _____