



BCRD

BLAINE COUNTY
RECREATION DISTRICT

OFFICE USE ONLY

TOTAL: \$ _____

PAID \$ _____

DATE: _____

CHRG CHECK CASH

INITIALS _____

2009 Dolphin Masters Adult Swim Team

Dolphin Masters Swim Team is designed for adults ages 18 and over

Time: 6:30 am – 7:25 am
Days: Monday – Friday
Date: June 1st – July 31st
Fee: \$175.00 includes all training and swim cap
\$250.00 includes season pass, training, and swim cap
(Save \$15.00 on season pass)

Name _____ Phone _____ Work Phone _____

E-Mail _____

Mailing address _____

City/State/Zip _____

Medical Information: Please list any special problems that you think we should be aware of:

Emergency Contact _____ Phone _____

Consent & Responsibility:

I hereby certify that I am physically fit, has medical insurance and has been given consent to participate in aquatic activities. I understand that all safety precautions will be taken, but in the event of accident or injury, BCRD, coaches or agents cannot be held responsible and I do hereby waive, relinquish, and release all rights to damages that may be sustained. This waiver also gives BCRD permission to take and use photographs of my child participating in the program for publicity purposes. Staff members have my permission to seek emergency treatment, if needed.

Signed

Date