



Cherry Point Devil Dolphins

Camp Fall-Winter Season Summer Season Other

Full name _____ Male Female Date of birth _____

Current age _____ Current grade _____ Swam on swim team prior? Y N

Sibling Full name _____ Male Female Date of birth _____

Current age _____ Current grade _____ Swam on swim team prior? Y N

Parent/s name/s _____

Mom's Email _____ Dad's Email _____

Mom's Cell _____ Dad's Cell _____

Is texting O.K.? Y N Want to be added to team Facebook Group? Y N

If yes, please add Facebook email _____

Home address _____

Need base access? No Yes

Any medical or social issues in which need to be made known to the coaching staff to be aware?

INITIAL REGISTRATION CAN BE COMPLETED AT MAINSIDE POOL

MUST HAVE PASSED BASIC POOL SWIM TEST PRIOR TO REGISTERING (25 yd. swim + 1 min. treading)

Fees

\$20/camp (this will also be discounted from team when registering)

\$85 REGISTRATION FEE for Fall-Winter season (includes USA Swimming membership, t-shirt, cap and bag) + Program fee (below)

PROGRAM FEES

* \$390 (3 payments of \$130 due 1 Sept, 1 Oct, 1 Nov.) - GOLD/BLACK/WHITE groups (intermediate-elite) OR **\$325** (16% discount) if paid in full by 1 Sept.

* \$360 (3 payments of \$120 due 1 Sept, 1 Oct, 1 Nov.) - SCARLET group (beginner) OR **\$300** (16% discount) if paid in full by 1 Sept.

* \$270 (3 payments of \$90 due 1 Sept, 1 Oct, 1 Nov.) - MAINTENANCE group - Fridays only – OR **\$240** (11% discount) if paid in full by 1 Sept.

* \$90/mo. for those joining after 1 Dec.

Sibling discounts

\$100 for full payments for SCARLET/GOLD/BLACK/WHITE groups

\$40 for full payment for MAINTENANCE group (Fridays only)

\$10/mo. for monthly payment

Camp (August 22, 23, 24 - 5:00 pm-6:00 pm) May attend any single/multiple days.

Gold Group (intermed) - M-Th 4:30 pm-5:30 pm, Fri 5:00-6:00 pm OR M-Th 5:30 pm-6:30 pm, Fri 5:00-6:00 pm (recommend 2-3x/wk)

Scarlet Group (beginner) - 5:00 pm-5:45 pm, Fri 5:00-6:00 pm (recommend 1-2x/wk)

White/Black Group (intermediate-elite) - M-Th 5:30 pm-6:30 pm, Fri 5:00-6:00 pm (recommend swim 3-5x/wk)

Paid Amt. _____	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Other	Date _____	Staff _____
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