

**Lexington Dolphins, Inc.**  
**Application for Membership**

For the Fiscal Year from September 1, 2011 through August 31, 2012

**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 2011: \_\_\_\_\_

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 2011: \_\_\_\_\_  
 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 2011: \_\_\_\_\_  
 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 2011: \_\_\_\_\_  
 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 fi 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 \_\_\_\_\_