



# North Myrtle Beach Aquatic & Fitness Center Dolphins Swim Team

## Grand Strand Recreational Swim League 2018 - 2019

Ages: 5-18 years

Registration Begins: August 1, 2018

Season Begins: September 5 and runs through April 2019

Practice Days: Monday/Wednesday/Friday

Practice Times: 4:00p-4:45p\* -OR- 4:45p-6:00p\*

\*Practice time based on age and ability.

\*Coach Judy will assign practice times.\*

Registration Fee (per swimmer)	\$20.00 team cap & shirt
AFC Member Monthly Fee 1 <sup>st</sup> Swimmer	\$40.00
AFC Member Monthly Fee 2 <sup>nd</sup> Swimmer*	\$35.00
Non-AFC Mbr. Monthly Fee 1 <sup>st</sup> Swimmer	\$55.00
Non-AFC Mbr. Monthly Fee 2 <sup>nd</sup> Swimmer*	\$50.00

**\*from the same family**



The North Myrtle Beach Aquatic & Fitness Center **Dolphins** is one of several teams around the Grand Strand who participate in the Grand Strand Recreational League. The goal of the League is to promote and facilitate a safe, positive, and fun introduction to competitive swimming. Participants will receive instruction for all four competitive strokes, learn proper starts, turns and other racing techniques. Participants must be able to swim 25 yards on their front and back, be comfortable in nine feet of water and able to tread water. If your unsure of your swimmer's ability call for your free assessment today!

**GO DOLPHINS!**

NMB Aquatic & Fitness Center  
1100 2nd Avenue South  
North Myrtle Beach, SC 29582



Coach Judy Childers  
843-281-3743  
jachilders@nmb.us

**IT'S ALL ABOUT FUN!**





EMERGENCY MEDICAL FORM  
Grand Strand Swim League 2018-2019

PLEASE PRINT:

ONE FORM PER SWIMMER

Swimmer's name \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Male / Female School \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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Please indicate any known restrictions or limitations on your child's activities, including any injuries or illnesses which might impact your child while participating in a competitive swimming program. (Use back of form for additional space.)

Primary Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe any allergies: \_\_\_\_\_

Regular Medication: \_\_\_\_\_

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If neither parent can be contacted in the case of a serious injury or illness, I hereby authorize a representative of the North Myrtle Beach Aquatic & Fitness Center to secure emergency medical treatment from any recognized doctor or hospital for my child if such doctor determines that such treatment is necessary or advisable.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_