



Okinawa Dolphins Swim Team Payment Form
 Team Office – 645-2787 odst@hotmail.com <http://www.mccsokinawa.com/swimteam>

=== COMPLETE BOTH SIDES OF THE FORM ===

1	Athlete Name (youth or masters) (Last, First, M. I.)	Date of Birth (mm/dd/yy)	Gender	Preferred Name	Use Bus	School		
						AEIS	BecES	BHopeES
1					Yes	Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	StearlyPS	ZukES
						AEIS	BecES	BHopeES
2					Yes	Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	StearlyPS	ZukES
						AEIS	BecES	BHopeES
3					Yes	Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	StearlyPS	ZukES
						AEIS	BecES	BHopeES
4					Yes	Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	StearlyPS	ZukES
						AEIS	BecES	BHopeES

Parent Or Adult Name(s) <i>Masters, put name in athlete section and in this section</i>	Family Last Name:
	First Name (Parent/Guardian/Adult 1):
	First Name (Parent/Guardian/Adult 2)

Sponsor Branch of Service:	Unit / Organization:	Rank:
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Housing Address :	Circle one:	Camp (on-base) or City (off-base):	Street Address, Housing Area, & Building #:
	Off Base / On Base		

Cell Phone Parent/Guardian/Adult 1:	Cell Phone Parent/Guardian/Adult 2:
Other Phone 1:	Other Phone 2:
Email 1:	Email 2:



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In consideration for receiving permission to participate in this event, I shall indemnify, waive, release, and forever discharge the U.S. Government, the U.S. Marine Corps, the Marine Corps Community Service (MCCS), and all sponsors, medical support and any other individuals or entities connected in any way with this event from any and all claims for damages, death, personal injury or property damage and/or litigation costs/attorneys' fees, arising from or contributing to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from my participation in this event. I verify that I have full knowledge of the rigors of this event and the risks involved in participation, including but not limited to trip and fall, loss of orientation, exhaustion, dehydration, hyponatremia, fatigue, over-exertion, sun or heat stroke, illness, cold injuries, hypothermia, drowning (if water event), and any other injuries related to running and/or endurance events. I assert that I am physically fit and have sufficiently trained to complete this event. I realize medical support for this event will consist primarily of first-aid type assistance, perhaps by volunteer laypersons. This waiver and release shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with this event. By registering for this event, you understand and expressly acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. In attending the event, you and any guests voluntarily assume all risks related to exposure to COVID-19, and waive, release, and discharge MCCS or any of their affiliates, directors, officers, employees, agents, contractors, or volunteers from any and all liability under any theory, whether in negligence or otherwise, for any illness or injury. I further agree to have my participation in this event videotaped and photographed, and I hereby waive and release all rights to said videotapes and photographs to MCCS for its exclusive use in publicity for and/or illustration of athletic events. By signing up for this event online, I agree to be automatically added to the mailing list to be alerted of new events and activities that I may be interested in. I can opt out at any time. I agree to abide by all decisions of MCCS and its designated officials. I have read and understand the contents of this Liability & Publicity Release.

Participant's Signature (if 18 years old or older): _____ Printed Name: _____ Date: _____

Guardian's Signature: _____ Printed Name: _____ Date: _____

Legal guardian must sign if participant is under 18 years old

COMPLETE THIS FORM AND RETURN TO POOL OFFICE WITH PAYMENT; IF YOU HAVE ANY QUESTIONS, ASK THE COACHING STAFF. COMPLETE BOTH THE ATHLETE AND FAMILY SECTION. EMAIL ADDRESS IS IMPORTANT - OUR PRIMARY MODE OF COMMUNICATION IS EMAIL.

____ Check here if you require reasonable accommodation to effectively participate. Please contact MCCS Aquatics a minimum of two weeks prior to the start of the activity to discuss needs via aquatics@okinawa.usmc-mccs.org.

All payments must include a registration form, available in the pool office.

- Cash - Exact amount only, please. We cannot issue change.
- Check - Sponsor information must be printed or written on check: full name, rank, mailing address, unit, and phone #. If paying by check, the person writing the check must be present with his/her ID card; card must have the DoD ID# on it. We cannot take the check unless that person that wrote the check is at the pool, handing that check to the cashier. Check payments can only be accepted from a parent with an ID card; please do not send your swimmer with their check. Make checks payable to AMO/FOSTER POOL.
- Credit Card - Credit cards may be used for payment.

FOR OFFICE USE

SEASON:

Rec'vd by:				Facility & Date:	
Type of Payment:	Cash	Charge	Check #: _____	Receipt #:	
Amount:	\$				
Funds are for:	Season Fee				
Credit to account #:	5513-01-4307-000-000				

SEASON:

Rec'vd by:				Facility & Date:	
Type of Payment:	Cash	Charge	Check #: _____	Receipt #:	
Amount:	\$				

SEASON:

Rec'vd by:				Facility & Date:	
Type of Payment:	Cash	Charge	Check #: _____	Receipt #:	
Amount:	\$				

SEASON:

Rec'vd by:				Facility & Date:	
Type of Payment:	Cash	Charge	Check #: _____	Receipt #:	
Amount:	\$				

SEASON:

Rec'vd by:				Facility & Date:	
Type of Payment:	Cash	Charge	Check #: _____	Receipt #:	
Amount:	\$				