



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

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

	Athlete Name (youth or masters) (Last, First, M. I.)	Date of Birth (mm/dd/yy)	Gender	Preferred Name	Use Bus	School		
						AEIS	BecES	BHPS
1					Yes	Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	SHES	ZukES
						AEIS	BecES	BHPS
2					No	Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	SHES	ZukES
						AEIS	BecES	BHPS
3					Yes	Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	SHES	ZukES
						AEIS	BecES	BHPS
4					No	Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	SHES	ZukES
						AEIS	BecES	BHPS

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

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

<b>Cell Phone Parent/Guardian/Adult 1:</b>	<b>Cell Phone Parent/Guardian/Adult 2:</b>
<b>Other Phone 1:</b>	<b>Other Phone 2:</b>
<b>Email 1:</b>	<b>Email 2:</b>



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

In consideration for receiving permission to participate in this program, 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 program 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 named person(s) or entities and their employees or agents, resulting from participation in this program. I verify that I have full knowledge of the rigors of this program 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, cold injuries, hypothermia, drowning, spinal injury, and any other injuries related to swimming, cycling, running and/or endurance programs or classes, fitness programs, and/or other aquatic-related classes. I assert that the named person(s) or entities are physically fit and have sufficiently trained to participate in this program. I realize medical support for this program will consist primarily of first-aid type assistance. This waiver and release shall be binding on my heirs and assigns and shall run in favor of the named person(s) or entities and any individuals in any way connected with this program. I further hereby consent and provide permission to Marine Corps Community Services, Okinawa ("MCCS") to photograph, videotape, film and/or record or otherwise reproduce named person(s) or entities image, likeness, appearance, performance, name, biographic information, statements and any other aural or visual aspects of my person (the "Attributes") in perpetuity, throughout the world and via any media or technology whether now or later known or invented. 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](mailto: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:	\$		As of January 2019 the basic fee will be \$75 per season. <input checked="" type="checkbox"/> Any adult swimmer (19 years old or older) will pay the full fee. <input checked="" type="checkbox"/> The first youth swimmer (under 19 years old) in a family will pay the full fee. <input checked="" type="checkbox"/> A discount of \$5 per season for any additional youth swimmer in the same family will be used until a minimum team fee of \$10 per season is reached.		
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:	\$				

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Type of Payment:	Cash	Charge	Check #: _____	Receipt #:	
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