



Okinawa Dolphins Swim Team Payment Form
 Team Office – 645-2787 aquatics@okinawa.usmc-mccs.org <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		
1					Yes	AEIS	BecES	BHES
						Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	StearlyPS	ZukES
					No	AEIS	BecES	BHES
						Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	StearlyPS	ZukES
2					Yes	AEIS	BecES	BHES
						Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	StearlyPS	ZukES
					No	AEIS	BecES	BHES
						Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	StearlyPS	ZukES
3					Yes	AEIS	BecES	BHES
						Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	StearlyPS	ZukES
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						Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
						RyuMS	StearlyPS	ZukES
4					Yes	AEIS	BecES	BHES
						Home	KadES	KadHS
						KadMS	KilES	KinES
						KubHS	LesMS	Off-Base
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						KubHS	LesMS	Off-Base
						RyuMS	StearlyPS	ZukES

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: Off Base / On Base	Camp (on-base) or City (off-base):	Street Address, Housing Area, & Building #:
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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 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.

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

• Credit Card - Credit cards may be used for payment.

FOR OFFICE USE

SEASON:

Rec'd by:		Facility & Date:	
Type of Payment:	Charge	Amount: \$	Receipt #:
Funds are for:	Season Fee	Credit to account #: 105.5513.10102.0430.430701	

SEASON:

Rec'd by:		Facility & Date:	
Type of Payment:	Charge	Amount: \$	Receipt #:

SEASON:

Rec'd by:		Facility & Date:	
Type of Payment:	Charge	Amount: \$	Receipt #:

SEASON:

Rec'd by:		Facility & Date:	
Type of Payment:	Charge	Amount: \$	Receipt #:

SEASON:

Rec'd by:		Facility & Date:	
Type of Payment:	Charge	Amount: \$	Receipt #: