NEW MEMBERSHIP AGREEMENT FORM

FATHER'S NAME _____
First Last

MOTHER'S NAME _____
First Last

ADDRESS _____
STREET NUMBER STREET NAME

_____
CITY ZIP

HOME PHONE _____ ** Please provide email addresses that you check

FATHER'S CELL PHONE _____ **FATHER'S EMAIL_____

MOTHER'S CELL PHONE _____ **MOTHER'S EMAIL_____

	Swimmer's Name	Gender	Date of Birth	Age	Training Group	Fees
1.	_____	M/F	____/____/____	_____	_____	$____
2.	_____	M/F	____/____/____	_____	_____	$____
3.	_____	M/F	____/____/____	_____	_____	$____

Due of First & Last Month: $ _____

CDST Annual Membership Fee per swimmer: $ 170.00

TOTAL CDST REGISTRATION FEE: $ _____

Revision: August 6th, 2025

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Dues and Billing: The undersigned agrees to pay team dues per month. Monthly fees are due and payable on the 1st of each month and delinquent after the 6th of each month. If paid after the 6th, a $20 late charge will be automatically accessed. If membership payment lapses for two months, membership privileges will be suspended until all fees and late charges are paid in full. ****At least one working email is required for billing purposes.**

Parent Initials: _____

USA Swimming Registration Fee: Every swimmer on the team must be a member of USA Swimming, the national governing body for the sport of swimming (usaswimming.org). The $89 membership fee is due at registration for new members and must be renewed in December for returning members.

Parent Initials: _____

Service Hours: Each family is responsible for service hours per swim season. Service hours can be earned by timing at swim meets, working at a swim meet we host, food and beverage donations to our team picnic and hosted swim meet, etc. You can also earn service hours by becoming a Pacific Swimming Official or being part of the parents' committee. Please check the committee you are interested in:

☐Fundraising ☐Membership ☐Communication ☐Event ☐ Swim Meet

Parent Initials: _____

Parent Code of Conduct: I have read and agree to the CDST Code of Conduct for parents. Should I conduct myself in such a way that brings discredit or discord to California Dolphin Swim Team, or USA Swimming, CDST reserves the right to terminate any membership with cause in the interest of our vision, mission, and objectives.

Parent Initials: _____

Liability Release: I have read and agree to the CDST Liability Release.

Parent Initials: _____

Change in Membership Status: A swimmer may **resign** or go on **Leave of Absence** at any time by giving **written notice to CDST 2 weeks prior to the 1st of the month** at 34075 Fremont Blvd, Fremont, CA 94555, or you can email your resignation to Coach Chen. Monthly fees will not be pro-rated for the last month of membership. Any unpaid balance remaining on the date of written resignation must be paid. There may be additional charges if collection costs are incurred to settle a delinquent account. Any swimmer who resigns from CDST without settling his or her account in full will be reported to United States Swimming as a member not in good standing.

Parent Initials: _____

Leave of Absence: A family can choose to go on a **Leave of Absence** to hold their spot on the team by paying $100 for 1st swimmer & $50 for 2nd swimmer for every month on leave.

Parent Initials: _____

Please sign below to indicate your acceptance of the terms of this agreement: "I/we, the undersigned, agree to all of the terms and conditions stated herein and I/we understand that failure to comply with any provision in this agreement is grounds for termination of membership.

Parent's: Name _____ (Print):

Signature: _____ Date: _____

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GENERAL FAMILY INFORMATION

Swimmer's Name _____ **Gender** __ **Age** __ **Date of Birth** _____

Parent's Name _____ **Home Phone** _____

Cell Phone: _____ **Email:** _____

Address: _____

Doctor's Name: _____ **Phone Number:** _____

Dentist's Name: _____ **Phone Number:** _____

Insurance Carrier: _____ **Policy Number:** _____

Is your child taking any medications? If yes, please explain (use additional sheets if necessary):

_____

Does your child have any medical conditions? (Such as, but not limited to heart disease, diabetes, allergies, asthma, convulsive disorder, severe allergic reaction to a bee sting…) If yes, please explain and use additional sheets if necessary.

_____

IN CASE OF EMERGENCY, the following persons may be contacted if the parents cannot be reached:

Name _____ **Relationship to child** _____**Phone Number** _____

1. _____

2. _____

Permission to Participate – Medical Release - One signature is required.

The undersigned, parent(s) or legal guardian(s) of _____ certify that he/she is of good physical condition and is fit for participation in the activities of California Dolphin Swim Team. I/We understand these activities include aerobic exercises, swim workouts, swim meets, and other activities routinely associated with the development and participation in USA Swimming functions (activities may include transportation to and from meets and swim related social functions). The undersigned shall jointly and independently hold California Dolphin Swim Team, all officers, agents, and employees of California Dolphin Swim Team harmless from any and all liabilities for personal injury and property damage which might arise out of or relate to the conduct of participation in the activities of California Dolphin Swim Team. I/We fully understand the risks associated with physical activities such as competitive swimming and hereby give my/our permission for participation to the above participant for whom we are/I am the legal parent(s) or guardian(s). I/We also hereby agree to the provision of emergency medical procedures that may be required due to illness or injury which might arise out of the participation in the activities with California Dolphin Swim Team to provide emergency medical treatment through a fully licensed hospital or through the family physician or dentist listed. I/We authorize transportation of my/our child by ambulance in an emergency situation. Further, I/We agree to pay all costs associated with such medical care and emergency transportation.

Signature	Relationship to Swimmer	Date
Signature	Relationship to Swimmer	Date

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