



RBCC Dolphins Summer Swim Team Information



*Join this fun, youth activity brought to RBCC by
Lori Ciminelli of Ocean City Aquatics and the RBCC Pool Committee.*

The RBCC Dolphins is looking for both swimmers and parent volunteers for their second season which will include practices, time trials and meets. Emphasis will be placed on teaching the mechanics of swimming and the four competitive strokes while learning what it's like to be part of a swim team environment.

Participants (5-18 years) must be able to swim one length of the RBCC pool unassisted and without stopping.

Swim Team Season: June 13 - July 28

Practices will take place Tuesday, Wednesday, Thursday and Friday each week:

June 13 - June 16 will be evening practices for all swimmers from 6:00 - 7:00 PM

June 20 - July 27 will be morning practices broken up into three age groups:

Swimmers 9 & Up will practice from 8:30 - 9:30 AM

Swimmers 7-8 will practice from 9:00 - 9:45 AM

Swimmers 6 & Under will practice from 9:45 - 10:15 AM

July 28th: Awards Luncheon 12:00 noon

Parents Meeting: Friday, June 16 at 7:00 PM

The season schedule will include both time trials and swim meets.

Cost: \$150 per child (RBCC Member)

\$200 per child (Sponsored Guest)

Swim team racing suit, goggles, and swim meet entry fees will be the participant's responsibility.

Registration forms will be available online the RBCC Member Central website at www.rehobothbeachcc.com and at www.oceancityaquatics.com.

Swim Team Parent Volunteers:

Parent Volunteers are needed for the team to participate in area swim meets.

All parents are asked to attend a training session
(times, dates and locations to be determined)

Questions can be addressed to Coach Lori at 410-520-0098.



Rehoboth Beach Country Club Dolphins Swim Team

Registration Form



RBCC Dolphins is a Summer Recreational Swim Team brought to RBCC by Lori Ciminelli of Ocean City Aquatics and the RBCC Pool Committee. Season includes practices, time trials and meets with an emphasis on teaching the mechanics of swimming and the four competitive strokes while learning what it's like to be part of a swim team environment. Participants (2*18 years) must be able to swim one length of the RBCC pool unassisted and without stopping.

Cost \$150 per child (RBCC Member) and \$200 per child (Sponsored Guest)
Questions should be addressed to Coach Lori at 410-520-0098.

Contact Information:

MEMBER/PARENT NAME: _____ MEMBER # _____

CELL PHONE #: _____ E-MAIL: _____

EMERGENCY CONTACT & PHONE # _____

ADDRESS: _____

Parent Volunteer Requirement:

Parents of participating swimmer agree to volunteer as needed for the Team to run proper meets. Failure to fulfill this obligation may result in the swimmer being ruled ineligible to participate in future swim team events.

Swimmer Registration: (Please mark age as of May 31.)

NAME: _____ DOB _____ AGE _____ Male or Female

NAME: _____ DOB _____ AGE _____ Male or Female

NAME: _____ DOB _____ AGE _____ Male or Female

NAME: _____ DOB _____ AGE _____ Male or Female

Payment: Member Fee \$150 x _____ = Total Fee: _____

Guest Fee \$200 x _____ = Total Fee: _____

Parent Volunteer Team to run proper swim meets: Training will be provided. Please check one or more:

Announcer: _____ Starter: _____ Meet Referee: _____ Timer: _____ Stroke n Turn: _____ Runners: _____
Clerk of Course: _____ Ribbon Writer: _____ Computer: _____ Meet Photographer: _____ Set Up/Clean Up: _____

Participation in Ocean City Aquatics and RBCC Dolphins Swim Team is intended to promote healthy and safe swimming opportunities for myself, child and or children. Like many physical activities, swimming and associated activities pose certain inherent health risk that can result in serious injury (physical and/or emotional) or even death. I acknowledge and assume the risks inherent with myself, child/children's active participation in Ocean City Aquatics. Failure to follow safety instructions may lead to my child/children's suspension or cancellation of swim instruction. Discretion is left entirely to the Ocean City Aquatics staff to determine whether and when removal is appropriate. Consent and permission for the taking of photography and/or video and/or audio of participants to be utilized for instruction and/or advertisement.

Release and wavier: By signing this form, I acknowledge that I have been informed about certain risk and responsibilities in this program. I am acknowledging that I am knowingly and voluntarily assuming the risks. Further, by signing this form I also agree, for myself, my heirs, and assigns to release and hold harmless Ocean City Aquatics its employees and agents, from any legal claim or liability for any bodily injury and personal property damage that is caused to me by the negligent act or omission of persons not a party to this agreement. I further understand that my child/children cannot be left unattended during swim instruction. This wavier applies to all current and future swim classes and/or lessons taught by Ocean City Aquatics.

Signature:

(Parent or Guardian) DATE _____

Return completed form to: Lori Ciminelli at 603 Penguin Drive. Ocean City, MD 21842