



HARBOR VIEW AQUATICS
2026 MINI DOLPHINS
 For kids from 4 to 6 years old

NEW SWIMMERS GET READY FOR HVST!!

Mini Dolphins Clinic will run from March 2nd through April 2nd.
 Mondays thru Thursday (4 times per week) at the following time:
 3:15-3:45-p.m. (attendance is not mandatory)

The Cost per swimmer is Port Streets Residents \$200, None-Port Streets Residents \$240. Please make checks payable to HARBOR VIEW AQUATICS or ZELLE to HarborViewAquatics@Gmail.com and email your sign up form.

PARENT(S) NAME: _____

ADDRESS: _____

E-MAIL: _____

CELL #: _____ HOME #: _____

EMERGENCY CONTACT: _____ PHONE: _____

| PARTICIPANT(S) NAME | AGE | DATE OF BIRTH | SWIM Experience |
|---------------------|-----|---------------|-----------------|
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FEEES MUST BE PAID AND WAIVER SIGNED PRIOR TO PARTICIPATION.

*Enrollment is very limited so please confirm enrollment by dropping registration at **Phase 1 Pool***

Emergency Medical Authorization: (Agent: Authorized agent of Harbor View Community Association)

I/We, parent(s)/person(s) having legal custody/ legal guardianship of the above listed minor do hereby authorize medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office or said physician, dentist or at said hospital. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority to the aforesaid Agent to give specific consent to any; and all such diagnosis, treatment, or hospital care which a physician or dentist meeting the requirements of this authorization may in the exercise of his/her best judgment deem advisable.

List allergies if any _____

Release of Liability: In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless the Harbor View Swim Team, and any of its officers, agents, or employees from any liability or claim or action for damages resulting from or in any way arising out of participation in the program by the person.

_____ Parent Signature _____

Date _____