

2017-2018 SIY Swim Team Registration Form

Parent or Guardian Name: _____

Street Address: _____

City, State, Zip Code: _____

(Mom) Cell Phone: _____ (Dad) Cell Phone: _____

E-mail Address: _____ Work Phone: _____

Emergency Contact Person: _____ Phone: _____

I have received a team handbook and have read the team rules.

Parent Signature: _____ Date: _____

**Please complete one box below for EACH swimmer.
Return completed form along with all other paperwork
before swimmer's first practice**

SWIMMER #1	YMCA MEMBER: YES _____ NO _____
NAME: _____	Birthdate: _____
	Age: _____
Medical Concerns? _____	Full Season: _____ Session 1: _____
Paid in Full: _____ Monthly Payment: _____	Session 2: _____
Notes/Comments _____	

SWIMMER #2	YMCA MEMBER: YES _____ NO _____
NAME: _____	Birthdate: _____
	Age: _____
Medical Concerns? _____	Full Season: _____ Session 1: _____
Paid in Full: _____ Monthly Payment: _____	Session 2: _____
Notes/Comments _____	
