

2016-2017 SIY Stingray Registration Form

Parent or Guardian Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Cell Phone 1: _____

E-mail Address: _____

Cell Phone 2: _____

Emergency Contact Person: _____

Phone: _____

Parent Signature: _____

Date: _____

SWIMMER #1

YMCA MEMBER: YES _____ NO _____

NAME: _____

Birthdate: _____

Medical Concerns? _____

Pay in Full: _____

Pay monthly: _____

Monthly option:

Card number: _____ Exp date: _____

Name on card: _____ Security Code: _____

Bank draft: _____

I have submitted a voided check and withdrawal form _____

Please select which season/session swimmer will be participating in:

Pre-season: _____

Fall Session: _____

Winter session: _____

Post-season: _____

Regular season: _____

Year-round: _____

SWIMMER #2

YMCA MEMBER: YES _____ NO _____

NAME: _____

Birthdate: _____

Medical Concerns? _____

Pay in Full: _____

Pay monthly: _____

Monthly option: (if info. is the same as above, you may indicate so)

Card number: _____ Exp date: _____

Name on card: _____ Security Code: _____

Bank Draft: _____

I have submitted a voided check and withdrawal form _____

Please select which season/session swimmer will be participating in:

Pre-season: _____

Fall Session: _____

Winter session: _____

Post-season: _____

Regular season: _____

Year-round: _____
