



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cole Center Family YMCA Bluefins Swim Team Registration

Please Note: Only 1 form per family.
Contact person and telephone number required.

PLEASE PRINT NEATLY

<u>Swimmer's First & Last Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Circle One</u>
1. _____	_____	_____	Male/Female
2. _____	_____	_____	Male/Female
3. _____	_____	_____	Male/Female

Parent/Guardian: _____

Address: _____ City _____ Zip _____

Telephone: (day/night) _____

(cell) _____

Email: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Telephone: _____

Does your swimmer have a physical or mental condition of which coaches and meet officials should be aware of (allergies, asthma, convulsive disorder, etc.)?

Yes _____ No _____

If yes, please list _____

Parent Signature _____ Date _____