

SWIM TEAM

2010-2011 Registration Form

(Please Print) **INFORMATION NEEDS TO BE CORRECT** / Complete entire form before submitting.

Child's Name: _____

Age: _____ Birth date: _____ Gender (circle one): **M** **F**

Grade: _____ School Attending: _____

Parent/Guardian Names: _____

Address: _____ Home Phone: (____) _____

City: _____ Zip: _____ Work or Cell Phone: (____) _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: (____) _____

Years of Experience Swimming: (Check one) Less than 1 1 year 2 years 3 years+

Program Enrolling for: Novice Swim YMCA Shockers

So that we can get a better idea of how many swimmers we have on certain days, please check which days you think your child will be swimming with us. This information can be changed at any time.

(Check all that apply) Monday Tuesday Wednesday Thursday Friday

I hereby understand that there are certain risks and/or chances of injury associated with YMCA activities. I hereby grant permission for myself to be included in evaluations and pictures connected with the YMCA programs. I give the YMCA permission to seek emergency medical attention. The undersigned agree that the YMCA and its designated leader and directors are not legally or financially liable for any claim arising for any consent given in good faith in connections with such diagnosis or advised treatment. This is an authorization of consent to treat a minor for medical attention that is given for medical reasons to the YMCA in conjunction with any authorized program event. **(REFUND POLICY: The Stillwater Family YMCA does not refund money on Sports or Classes unless the session or entire program is cancelled. Refund CREDIT toward another program may be given under special circumstances.)**

Signature _____ Date _____

Stillwater Family YMCA
204 S. Duck ~ Stillwater, OK 74074
Phone: (405) 372-5833 ~ Fax: (405) 624-9622
www.stillwaterymca.org

