MDI Y SHARKS Swim Team
Swimmer Registration Form 2014-15

Swimmer's Name_____
Last First MI

Mailing Address_____

Town_____ Zip_____

Date of Birth_____/_____/_____ Age as of December 1, 2014_____
Month Day Year

School_____ Grade_____

Family E-Mail Address_____
(Team Information will be sent to this address)

Swimmer's E-Mail address_____
(ages 13 & over)

Mother's Name_____ Father's Name_____

Address_____ Address_____
(if different) (if different)

Town & Zip_____ Town & Zip_____

Home Phone_____ Home Phone_____

Work Phone_____ Work Phone_____

Cell Phone_____ Cell Phone_____

List Two Alternate Persons to contact in case of emergency

1. _____ Phone_____

2. _____ Phone_____

I, _____ give permission for my child to swim on the Mount Desert Island YMCA Shark Swim Team and authorize my child to receive emergency medical care in the event of an accident or injury while participating in the Shark Swim Team program. I also give permission for my child to ride on transportation provided by the MDI YMCA.

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Signature of Parent/Guardian