

MDI Y SHARKS Swim Team
Swimmer Registration Form 2015-16

Swimmer's Name _____
 Last First MI

Mailing Address _____
 Town _____ Zip _____

Date of Birth _____/_____/_____ Age as of December 1, 2015 _____
 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.

Signature of Parent/Guardian