

**MDI Y SHARKS Swim Team
Swimmer Registration Form 2016-17**

Swimmer's Name _____
 Last First MI

Mailing Address _____

Town _____ Zip _____

Date of Birth ____/____/____ Age as of December 1, 2016 ____
 Month Day Year

School _____ Grade _____

Family E-Mail Address _____

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

Medical Conditions _____

Medications _____

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 One Person to contact in case of emergency

Name _____ 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