MDI Y SHARKS Swim Team
Swimmer Registration Form 2019 – 2020

Swimmer's Name_____
Last First Full Middle Nickname

Date of Birth_____/_____/_____ Age as of December 1, 2019_____
Month Day Year

School_____ Grade_____

Medical Conditions/Medications_____

Mother's Name_____ Father's Name_____

Address_____ Address_____

Town & Zip_____ Town & Zip_____

Home/Cell Phone_____ Home/Cell Phone_____

Work Phone_____ Work Phone_____

Family E-Mail Address_____

I will **allow/not allow (please select one)** my child's picture/image to be used on the Sharks social media outlets, which include Face Book, Snap Chat & Instagram

Our family has read and discussed the Minor Athlete Abuse Protection Policy (MAAPP) posted on mdiysharks.com and will adhere to the policy as members of the MDI Y Sharks for the 2019-20 Swim Season. _____ (Parent/Guardian Initial's)

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.

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Signature of Parent/Guardian