

**Greater Johnstown YMCA Swimming
Registration/Emergency Form: Winter/Summer 2019-20**

Swimmer Information:

Last Name _____
Phone _____
Address _____ City _____ Zip Code _____

Required:

*****E-Mail** 1. _____
2. _____

***Please list the email address or addresses that you would like us to send information**

*****Cell-Phone** 1. _____ 2. _____

***Please list above the cell number or numbers that you would like us to use to send important text messages from the Parent's Club President and the Coaches.**

Children's Names - (Middle Initial - Required)

<u>First Name</u>	<u>Middle Initial</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Information:

Father/Guardian Name _____ Daytime phone _____
Employer Name _____

Mother/Guardian Name _____ Daytime Phone _____
Employer Name _____

Emergency Information:

Family Doctor _____
Office Phone _____
Address _____
Hospital Preference _____
Insurance Information _____ Group# _____

Emergency Contact (in case Father or Mother cannot be reached)

Name _____ Phone _____

Medical conditions that the coaching staff should be aware of

