

Flatiron Swimming Registration Form

Swimmer's name

First _____ Middle _____ Last _____

DOB _____ M _____ F _____

USA Swimming (year round) _____ Fall Splash _____ Winter Clinic _____

Swimmer's name

First _____ Middle _____ Last _____

DOB _____ M _____ F _____

USA Swimming (year round) _____ Fall Splash _____ Winter Clinic _____

Swimmer's name

First _____ Middle _____ Last _____

DOB _____ M _____ F _____

USA Swimming (year round) _____ Fall Splash _____ Winter Clinic _____

Parent/Guardian Information

1. First _____ Last _____

Mailing Address _____

Phone _____ Phone _____

Email _____

2. First _____ Last _____

Mailing Address _____

Phone _____ Phone _____

Email _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Please list any allergies your swimmer(s) has: _____

Please list any medications your swimmer(s) takes regularly: _____

We have registered with Team Unify and have a credit card on file: Yes _____ No _____

We have filled out and signed the YMCA membership application: Yes _____ No _____

We have filled out and signed a liability waiver for FAC: Yes _____ No _____

Signed _____ Date _____