

Flatiron Swimming 2014 - 2015 Registration Form

Swimmer's name

First _____ Middle _____ Last _____
DOB _____ M _____ F _____ Nick Name _____
T-shirt Size _____

Swimmer's name

First _____ Middle _____ Last _____
DOB _____ M _____ F _____ Nick Name _____
T-shirt Size _____

Swimmer's name

First _____ Middle _____ Last _____
DOB _____ M _____ F _____ Nick Name _____
T-shirt Size _____

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: _____

Have you registered with our team previously: Yes _____ No _____

Are you a member of the YMCA? Yes _____ No _____

Submitted by _____ Date _____