



# Miami County YMCA Marlins Swim Team 2018-2019 Short Course Registration Form



*Swimmer Information*

Name

\_\_\_\_\_

Last

First

Initial

Birthdate (MM/DD/YY) \_\_\_\_\_ Age as of 12/1/2018 \_\_\_\_\_ Male Female

Swimmer's e-mail address: \_\_\_\_\_

High School Swimmers ONLY: What school do you swim for? \_\_\_\_\_

Child's T-shirt Size: Y-Small Y-Medium Y-Large A-Small A-Medium A-Large A-Xlarge  
(Circle one)

*Parent Information*

Father's Contact Information

Mother's Contact Info - If different

Name		
Address		
City, State, Zip		
Home Phone		
Work Phone		
Cell/Pager No.		
E-mail		

Please include any additional information that the coaches should know about your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Office Use ONLY:

Practice Group Assigned: \_\_\_\_\_

Entered into Team Unify: \_\_\_\_\_