

CENTRALIA RECREATION COMPLEX

SWIM TEAM REGISTRATION & PASS FORM

Parent's Name: _____
First Last

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone # _____

E Mail Address: _____ Phone Carrier: _____

Emergency Contact(s) _____

Please List All Swimmers:

Name: _____ DOB: _____ Age: _____ M/F _____ Group: _____ Amount: _____

Name: _____ DOB: _____ Age: _____ M/F _____ Group: _____ Amount: _____

Name: _____ DOB: _____ Age: _____ M/F _____ Group: _____ Amount: _____

Name: _____ DOB: _____ Age: _____ M/F _____ Group: _____ Amount: _____

Name: _____ DOB: _____ Age: _____ M/F _____ Group: _____ Amount: _____

Name: _____ DOB: _____ Age: _____ M/F _____ Group: _____ Amount: _____

Add Additional Members to be on Pass:

(1) Adult: _____ Date of Birth: _____ M ___ F ___

(1) Child Name: _____ Date of Birth: _____ M ___ F ___

(2) Child Name: _____ Date of Birth: _____ M ___ F ___

*Family passes include: 2 parents and 2 children or 1 parent and 3 children! There is a \$5 charge per child over what the pass includes per month!

FOR OFFICE USE ONLY

_____ Program Amt _____ Pass Amount _____ Cash _____ Check # _____ Credit Card Type

_____ YMCA Fee Paid _____ Cash _____ Check # _____ Credit Card Type

_____ EFT Fee _____ Hospitality Fee Paid _____ Cash _____ Check # _____ Credit Card Type

_____ USA, Medical, Photo, Code of Conduct