Miami County YMCA Marlins Swim Team
2009-2010 Short Course Registration Form

Swimmer Information

Name _____
Last First Initial

Birthdate (MM/DD/YY) _____ Age as of 12/1/09 _____ Male Female

Swimmer's e-mail address: _____ Practice Group _____

Swimmers shirt size: _____ Sweatshirt size: _____ Sweatpant size: _____

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

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		

Can we publish your family contact information in the team directory? YES NO

In case you cannot be reached in the event of an emergency, who can we contact?

Name _____

Address _____

Phone _____

Relationship _____

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

_____

_____

_____

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