

Greater Scranton YMCA Swim Team Registration Form

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name (nickname): _____ D.O.B.: ___/___/___ M___ F___

Mother's Name: _____ Father's Name: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Mom's Cell Phone: _____ Dad's Cell Phone: _____

Mom's Work Phone: _____ Dad's Work Phone: _____

Mom's E-mail: _____

Dad's E-mail: _____

Swimmer's E-mail: _____

Doctor's Name: _____ Doctor's Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Medical Condition: _____

Disability: (Please check any that apply)

Blind or Visually impaired Deaf or Hearing Impaired

Physical Disability such as amputation or cerebral palsy

SWIMMING HISTORY:

Has the swimmer previously been a member of a swim team? Yes No

If yes, the name of the swim team? _____

The dates that the swimmer was with another team? _____/_____/_____ through _____/_____/_____
Month/Year Month/Year