



# YMCA CAPE COD MAKO SWIM TEAM REGISTRATION FORM 2012-2013 SEASON

## SWIMMER INFORMATION

Swimmer \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ DOB \_\_/\_\_/\_\_  
Last First

Parent(s)/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Emergency # \_\_\_\_\_

Email Address \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

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## PHOTO RELEASE

By signing you are agreeing to allow photos of your child(ren) to be posted on the Mako website.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

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## FOR OFFICIAL USE ONLY

Status \_\_\_\_\_

Payment 1 \_\_\_\_\_

Payment 2 \_\_\_\_\_

Current Membership \_\_\_\_\_

Completed Forms \_\_\_\_\_