



**YMCA CAPE COD MAKO SWIM TEAM
REGISTRATION FORM
2015-2016 SEASON
SWIMMER INFORMATION**

Swimmer _____ Gender ____ Age ____ DOB __/__/__
Last First

Parent(s)/Guardian _____

Address _____

City/Zip _____

Home Phone _____ Cell Phone _____ Emergency # _____

Email Address _____

School Attending _____ Grade _____

PHOTO RELEASE

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

Name
(Print) _____

Signature _____

FOR OFFICIAL USE ONLY

Status _____

Payment 1 _____

Payment 2 _____

Current Membership _____

Completed Forms _____