FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAPE COD
MAKO SWIM TEAM
REGISTRATION FORM
2016-2017 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 _____