



Piranhas Swim Team Registration Form

- YMCA Member
- Regist Fee Paid
- FLA Swim Form
- Birth Certificate
- Copy of FL Card
- Volunteer Form

ATHLETE INFO:

Last Name

First Name

MI

Preferred Name

_____/_____/_____
Birth date

Age

PARENT/GUARDIAN:

Primary Contact Info

(1) _____
Last Name

First Name

Address

City

ST

Zip

Home Phone

Work Phone

Cell Phone

Email

(2) _____
Last Name

First Name

Home Phone (if different)

Work Phone

Cell Phone

Email

May we publish your Address and Phone Numbers in our team handbook and/or in the password protected area of our website?
www.pypswimming.org

YES NO

EMERGENCY CONTACT:

(parent/guardian are contacted first) Name _____ Relationship _____

Home Phone

Cell Phone

MEDICAL/ALLERGY CONDITIONS:

***Does athlete have any medical conditions the coach should be aware of?** **Yes / No**
If yes, please explain - _____

***Does athlete have any allergies to medications or otherwise?** **Yes / No**
If yes, please explain - _____

Refund Policy: Registration refund is available up to two (2) weeks from the first day of practice. FL Swimming registration fees are not refundable.

I understand that I shall not hold the YMCA or any of it's' officials, coaches, or referees responsible for any injuries, accidents sustained by my child during activities, practices or competitive meets. I understand the YMCA carries only Liability Insurance. Participants are responsible for the own accident insurance. I give my permission to the YMCA to release my child into the care of the above listed persons. I give my permission to the YMCA to authorize emergency medical treatment in the event of injury, accident or emergency need.

Signature of Parent/Guardian

_____/_____/_____
Date

YMCA Membership: Facility - Program
Division:
Bronze - Silver - Gold
Platinum - Diamond - Diamond HS
Monthly Fee: _____