

# EDEN YMCA PENGUINS SWIM CLUB

## 2011-2012 REGISTRATION FORM

DATE: \_\_\_\_\_

SWIMMER'S FULL NAME:

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (CITY) \_\_\_\_\_ (ZIP) \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MEMBERSHIP EXPIRATION DATE: \_\_\_\_\_

### PARENT / GUARDIANS INFORMATION:

MOTHER NAME: \_\_\_\_\_ FATHER: \_\_\_\_\_

PHONE # (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_

### \*\*\*\*\*HEALTH AND MEDICAL INFORMATION\*\*\*\*\*

Physical Limitations: \_\_\_\_\_

Aliments / Allergies: \_\_\_\_\_

Swimmers Physican: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of an event of injury deemed serious enough to require emergency attention. I hereby give the Eden YMCA permission to transport my child to proper emergency facilities. Furthermore, in event that neither I nor the family physician can be contacted immediately, I give permission that the Eden YMCA may authorize the physician of its choice to provide emergency care for my child.

---

Signature of Parent / Guardian

Date

Registration fee paid on : \_\_\_\_\_

Dues paid on: \_\_\_\_\_