

**Please fill out this form completely and return it to Karen Kunow  
the first day your child practices.**

MAPLEWOOD YMCA CITY WAVES SWIM TEAM REGISTRATION FORM

**A separate form must be completed for each swimmer.**

Child's Name: \_\_\_\_\_ Nickname? \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ age: \_\_\_ male \_\_\_ female \_\_\_

Primary Caregiver's Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_

Phone number \_\_\_\_\_

What other commitments do you have that might conflict with practice time and/or meets? \_\_\_\_\_

Boy's waist size/pant size \_\_\_\_\_ Girl's-Women's dress size \_\_\_\_\_

Tee shirt size \_\_\_\_\_

What are 3 swimming goals that you would like to achieve in the 2007-2008 season?

- 1.
- 2.
- 3.

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**PAYMENT OPTIONS (please check one)**

1. \_\_\_\_\_ Pay cash or check in full upon registration.  
Check payable to Maplewood YMCA
2. \_\_\_\_\_ Add swim team fees to monthly membership fee EFT deduction.
3. \_\_\_\_\_ Credit Card Payment in full

I hereby authorize the YMCA of Greater Rochester to debit my account as indicated below for City Waves Swim Team fees from my credit card.

(circle one) Mastercard Discover VISA

Account # \_\_\_\_\_ Exp Date: \_\_\_\_\_

**ALL PAYMENT PLANS MUST BE PAID IN FULL BY 12/14/07.**