



YMCA CAPE COD MAKO SWIM TEAM REGISTRATION FORM 2012-2013 SEASON

SWIMMER INFORMATION

Swimmer _____ Sex ____ 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 _____