

# Swim & Sport Registration Forms

## BROOME COUNTY YMCA SWIM PROGRAM REGISTRATION FORM 2010

LOCATION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SESSION DATES: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
 \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ PRO-  
 GRAM: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
 \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ PRO-  
 GRAM: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
 \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ PRO-  
 GRAM: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ CITY: \_\_\_\_\_  
 \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY TIME PHONE: \_\_\_\_\_ EVE-  
 NING PHONE: \_\_\_\_\_ PARENT/GUARDIAN'S NAME: \_\_\_\_\_

### Volunteer Coaches Information

Name: \_\_\_\_\_ Ad-  
 dress: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell  
 Phone: \_\_\_\_\_  
 Coaches Shirt Size: (Circle One Please) Adult SM - Adult Med - Adult Lrg - Adult XL - Adult XXL

Name: \_\_\_\_\_ Sex: [ ] M [ ] F

BirthDate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (H)\_\_\_\_\_  
 \_\_\_\_\_ (W)\_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

- Circle Age Division**
- 3-4 Age Division (soccer)
- 5-6 Age Division (soccer)
- 7-9 Age Division (soccer)
- T-Ball Division (4-6 yrs)
- Minor League (7-9 yrs)
- Major League (10-12 yrs)

- Shirt Sizes**  
 (Please Circle One)
- Youth
- S M L  
 (6-8) (10-12) (14-16)
- Adult
- S M L XL

In consideration of your accepting this entry, I, The undersigned, intending to be legally bound, hereby for myself and for my child, waive and release any and all rights and claims for damages I may have against the Broome County YMCA, their representatives, successors, and assigns for any injuries suffered by me in the YMCA youth programs.

P a r e n t S i g n a -