



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Ambler Area YMCA
Swim Team
Registration Form**

PLEASE PRINT CLEARLY

Part I: Participant Information

Child's Name: _____
Last First

Child's Name: _____
Last First

Address: _____
Address City State Zip

Child's Date of Birth: ____/____/____
MM / DD / YYYY

Part II: Parent/Guardian Information

Name: _____
Last First

Address: _____
Address City State Zip

Primary Phone Number: (____) _____ - _____

Parent's E-Mail: _____@_____._____

Additional E-mail: _____@_____._____

***MUST PROVIDE AN E-MAIL ADDRESS**

Please Turn Over ----->



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Parent/Guardian II

Name: _____
Last First

Address: _____
Address City State Zip

Primary Phone Number: (____) _____ - _____

Parent's E-Mail: _____@_____._____

***MUST PROVIDE AN E-MAIL ADDRESS**

Emergency Contacts

Name	Phone Number	Relationship to Child

Medical Information:

Medications/Special Conditions (i.e-asthma, allergies, etc.)

Additional Information on Special Needs of Child
