



Competitive Swimming Registration

Family Name: _____

Father's Name: _____

Employer: _____

Mother's Name: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Dad's Cell Phone: _____ Mom's Cell Phone: _____

Dad's E-Mail Address: _____

Mom's E-Mail Address: _____

Emergency Contact: (Name & Phone) _____

Swimmer Last Name	First Name	Middle Initial	Gender	Birth Date	Practice Group Assigned

Contact Information: Contact Information will be distributed to Parent Club Officers and Committee Chairs, and other parents so that parents & swimmers can stay better informed as to Swim Team Special Events, any practice changes, and are able to contact other swim parents if needed.

I have read and understand the above Contact Information section and agree to have my contact information distributed as stated above:

Signature _____ **Date** _____

Emergency Medical Release: Should a medical emergency arise during my child's participation at a Greater Scranton YMCA sponsored activity, I understand that reasonable effort will be made to contact me or the emergency contact I have provided. If I cannot be reached, or if it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me would cause, I consent to the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility chosen by the Greater Scranton YCMA and I consent to the immediate administration of life sustaining measures deemed necessary under the circumstances.

I have read and understand the above Medical Release section and agree to the terms and conditions therein.

Signature _____ **Date** _____