



Valley-Shore YMCA Marlins
Fall 2009
Registration Form

Swimmer Information:

First Name: _____ Middle Initial _____ Male/Female
 Last Name: _____ Birthdate: ___/___/___
 Address: _____ Town _____
 State: _____ Zip: _____
 School: _____ Grade: _____
 email: _____(optional)

Parent Information:

Father's name: _____ Phone: _____
 Address: _____ Town _____
 State: _____ Zip: _____ email: _____

Mother's Name: _____ Phone: _____
 Address: _____ Town _____
 State: _____ Zip: _____ email: _____

Fee Schedule:

	Marlins	Age Group 1	Age Group 2	Seniors	High School
Team Fee Paid in Full:	\$ 410	\$425	\$470	\$515	\$380
1 st installment 9/15/2009	140	145	160	175	
2 nd installment 10/30/2009	140	145	160	175	
3 rd installment 12/5/2009	140	145	160	175	

USA registration \$57.00 is required for all swimmers joining the Marlins swim team.

Swimmers must have YMCA membership prior to the start of the season and membership must remain in good standing during the entire season or the swimmer will not be allowed to practice or compete in meets. Y membership is not included in the team fees.

I understand that as a parent of a Valley-Shore YMCA Marlin I am also a member of the **Marlins' Parents Club** which supports the team through fundraising and assisting with meet activities. I understand that I will be required to participate throughout the season.

Signature: _____ Date: ___/___/___

Parent's Name: _____



Valley-Shore YMCA MARLINS

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Medical Release

Swimmer's Name: _____ Birthdate: _____

Mother: _____ Phone: _____

Father: _____ Phone: _____

Physician: _____ Phone: _____

Date of child's last physical exam: _____ Last tetanus Booster _____

Does your child have any health conditions? Please list:

Has your child ever had any surgeries, fractures, sprains or bone dislocations? Please explain and give date of injury:

Does your child currently require medication? Please list and explain:

***Written Approval for participation from a physician will be required for any child who has a serious injury or medical condition.**

I understand that every effort will be made to contact a parent or guardian in case of an emergency. In the event I can not be reached, I give permission for my child to be given medical care and/or be treated by a physician at an emergency medical facility. I also understand that I am responsible for the cost of any care.

Signature: _____ Date: ___/___/___

Parent's Name: _____