

Tidal Wave Swim Team Registration Form

Register in Person at The YMCA

Tidal Wave Swim Team is a Year-Round Swim Program

IMPORTANT: Swim Team is automatically drafted monthly. It is your responsibility to communicate with the Swim Coach & Aquatics Director if you are going to withdraw to stop the automatic draft

Please Print Neatly

Participant _____ School _____ D.O.B. _____
Address _____ City _____ Zip _____
Gender Male / Female (circle) Age _____ Grade _____
Primary Contact _____ Number _____
Email _____
Secondary Contact _____ Number _____

IMPORTANT:

FILL OUT THE ATTACHED SWIM TEAM EQUIPMENT ORDER FORM

- Turn in the Order Form to the Front Desk * Payment is due at Registration
- Turn in your receipt to Coach Rebecca at your 1st practice

YMCA REFUND POLICY & WAIVER

I hereby give my consent for this child to be photographed for publicity purposes (the photos will only be used for YMCA or United Way purposes). By my signature and my free will, I do hereby agree to indemnify and save harmless the YMCA of Abilene from any and all claims or demands, costs or expense arising out of any injuries or damages sustained by me or any party to or for whom I am responsible. The YMCA will give NO refunds except for relocation or medical reasons upon approval.

Signature: _____ Date _____
(Parent or guardian)

FOR OFFICE USE ONLY:

Amount Pd: _____ Receipt # _____ Date: _____ Initial _____