

Tidal Wave Swim Team Registration Form

Register in Person at either YMCA

Please Print Neatly

Child's Name _____ School _____ D.O.B. _____
Address _____ City _____ Zip _____
Gender Male / Female Age _____ Grade _____ Were you on the Swim Team before? _____
Primary Contact _____ Phone Number _____
Email Address _____
Secondary Contact _____ Phone Number _____

Note: There is a one-time fee of \$35 for NEW Swim Team Members * *Returning Swim Team Members from Season 1 are exempt from the one-time fee*

Shirt Size YXS YS YM YL YXL AS AM AL AXL **(Circle One) * Swim Caps are UNIVERSAL**

Swim Suit Size: Female Suit Size: _____ Male Suit Size: _____ *Jammers*
Number Sizes 22 - 34 **Number Sizes 24 - 38**

Skill Level: Beginner Intermediate Experienced **Rate your swimmer:** 1 2 3 4 5
Circle One *(1 – NEW swimmer & 5 – SKILLED swimmer)*

Season 2 Assessment will be 5:00 – 7:00 Tuesday 5/7

Returning Tidal Wave Members Exempt...Only NEW Swim Team Members Must Attend

Swim Team Assessments: *All students that register for Tidal Wave Swim Team will automatically be on the team. Our coaches will place each team member in 1 of 4 different practice groups. Tidal Wave Swim team will practice on Tuesdays & Thursdays*

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 _____