



WCAY Swim Team Registration Form

Fall Clinic

Winter Team

Spring Clinic

Summer Team

(Please Print)

Swimmer's Name _____

Date of Birth _____

Address _____

M _____ F _____

City/State/Zip _____

Preferred E-mail _____

Home phone _____

Mother's Name _____

Cell _____

Father's name _____

Cell _____

Please list any allergies or current medications

Please list any special needs / learning concerns

Has the Swimmer participated in a competitive swimming program before?

Yes _____ No _____ Program? _____

VOLUNTEERS ARE NEEDED – all Swim Team Parents are expected to volunteer at swim meets and throughout the season. A new on-line volunteer sign-up is available at www.wcayswim.com or contact the volunteer coordinators.

Informed Consent/Liability Waiver – I release the West Chester Area YCMA and its coaches from all claims of any injuries which may be sustained by the swimmer named on this form while participating in any YMCA sanctioned activity. If emergency medical care is required, I give permission for such care.

Parent/Guardian signature: _____

Date: _____