

AMFY Waves Swim Team Registration 2010 - 2011 Season

<u>Swimmer's Name</u>	<u>M/F</u>	<u>Birthdate</u>	<u>Age as of Dec. 1st</u>	<u>No. of Yrs. On AMFY Team</u>	<u>High School Swimmer?</u>
_____	M / F	_____	_____	_____	Yes No
_____	M / F	_____	_____	_____	Yes No
_____	M / F	_____	_____	_____	Yes No
_____	M / F	_____	_____	_____	Yes No

Parents / Guardian Information:

Name _____	Home Phone # _____
Address _____	Dad Cell Phone # _____
City, State, ZIP _____	Mom Cell Phone # _____
E-Mail Address _____	Emergency / Other Contact & Phone # _____

Are there any medical concerns regarding the swimmer/swimmers? (please list below)

<u>Name</u>	<u>Concern</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I give my consent for my child/children to swim on the AMFY Waves Swim Team during the 2010-2011 season and to participate in the practices and meets as required. I certify that my child/children are in good health and able to participate in all aspects of the swim team program.

Signature _____	Relationship to the swimmer/s _____	Date _____
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Each swimmer will receive a t-shirt upon registration & first payment... please indicate size below:

<u>Name</u>	<u>Youth</u>	<u>Adult</u>
_____	Size: YS YM YL	AS AM AL AXL
_____	Size: YS YM YL	AS AM AL AXL
_____	Size: YS YM YL	AS AM AL AXL
_____	Size: YS YM YL	AS AM AL AXL
_____	Size: YS YM YL	AS AM AL AXL