

Family: New Returning (Please check one)
Swimmer: New Returning (Please check one)

EHS Swim Team Athlete?

Edwardsville YMCA Breakers Swim Team

No one is permitted to sign up without a current Edwardsville YMCA membership.
Please enter a valid email address!

REGISTRATION

Participant (full name is critical!) _____

First

Middle Initial

Last

Date of Birth _____ Age _____ Team Level _____ Sex: M F

T-Shirt Size (please circle one): YM YL AS AM AL AXL

Parents' Names _____

Address _____
Street City State Zip code

Home Phone _____ Work/Cell Phone _____
Mom

E-Mail Address _____ Work/Cell Phone _____
Dad

No. of Siblings on Team _____ Sibling Name(s) _____

Physician _____ Phone _____

Dentist _____ Phone _____

Insurance Company _____

Policy Number _____ Phone _____

List two relatives or friends authorized to be called to pick up child in case of illness or emergency when parents cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

List any allergies or medical conditions staff should be aware of:

ATTENTION PARENTS: A minimum NON-REFUNDABLE deposit of \$100.00 must accompany this registration.

FOR OFFICE USE ONLY

Membership Type/ Date: Annual _____ or Bank Draft _____ Staff Initials _____

LEVEL 1@\$480
(18SWM-1AQ7SWTM1)

LEVEL 2@\$530
(18SWM-1AQ7SWTM2)

LEVEL 3@\$555
(18SWM-1AQ7SWTM3)

Senior Level@\$580
(18SWM-1AQ7SWTMSR)

EHS Swim Team Athlete@\$400
(18SWM-1AQ7SWTMEHS)