



ARDMORE FAMILY YMCA

Swim Team Registration— Fall/Winter 2024

Child's name _____ Age _____ Birthdate _____

Child's name _____ Age _____ Birthdate _____

Parent Name _____

Address _____ City _____ Zip _____

Phone Number _____ Email _____

Contact Preference: Text Message Email Phone Call

Emergency Contact _____ Phone _____

Program Fee: \$200 per child

Must Have Family OR Single Parent Membership

Please sign the required MINOR PARTICIPANT WAIVER on the reverse side



Text me info on upcoming Y programs!

YES please No thanks

(please circle one)

YMCA use only

CASH (circle) | CHECK # _____ | Last 4 digits CC _____ Amount Paid: _____