



Ardmore Family YMCA

Swim Team Registration – Summer 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: \$100 per child

Must Have Family OR Single Parent Membership

Please sign the required MINOR PARTICIPANT WAIVER on the reverse side



YMCA use only

CASH (circle) | CHECK # _____ | CC Authorization# _____ Amount Paid: _____