



# Ardmore Family YMCA

## Swim Team Registration— Summer 2026

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**



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**YMCA use only**

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