



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MDI Y SHARKS SWIM TEAM Swimmer Registration Form 2019-2020

Swimmer's Name _____
Last First Full Middle Nickname

Date of Birth ____/____/____ Ages as of December 1, 2019 ____

School _____ Grade _____

Medical Conditions/Medications _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Town/Zip _____ Town/Zip _____

Home/Cell Phone _____ Home/Cell Phone _____

Work Phone _____ Work Phone _____

Family E-mail Address _____

I will **allow/not allow (please select one)** my child's picture/image to be used on the MDI YMCA & Sharks' social media outlets which include Facebook, Snapchat, and Instagram as well as YMCA promotional materials.

Our family has read and discussed the **Minor Athlete Abuse Protection Policy (MAAPP)** posted on www.mdiymca.org/parent-information and www.mdiysharks.com and will adhere to the policy as members of the MDI YMCA Sharks for the 2019-2020 season. _____
(Parent/Guardians Initials)

List at least one person to contact in case of emergency

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

I, _____ (please print) give permission for my child to swim on the Mount Desert Island YMCA Shark Swim Team and authorize my child to receive emergency medical care in the event of an accident or injury while participating in the Shark MDI Y Shark Swim Team program. I also give permission for my child to ride on transportation provided by the MDI YMCA.

Signature of Parent/Guardian _____