

**YMCA of Saratoga Stingrays  
Registration/Information Sheet  
2009-2010**

This information will go to the coaches/team binder. Please be sure all information is legible and complete.

Swimmer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Swimmer's Gender: Male / Female    Membership Type & Exp. Date: \_\_\_\_\_  
Parent/Guardian Names (both please, if applies) and address:

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Phone Numbers:    Home: \_\_\_\_\_    Gender: Male / Female

Mother's Work #: \_\_\_\_\_    Mother's Cell #: \_\_\_\_\_

Father's Work # \_\_\_\_\_    Father's Cell # \_\_\_\_\_

E-mail Address: (This is important, a lot of info is sent this way! If you do not have e-mail, please be sure to check our team bulletin board regularly and keep in touch with other team parents.) Multiple addresses are OK.

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In case of emergency, contact (name/phone number/relationship) if parent can not be reached:

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School attended by swimmer: \_\_\_\_\_

Other activities: \_\_\_\_\_

Relevant medical Information:

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(Please include asthma/allergies, inhaler information if applicable.)

I agree to the terms and payment schedule set forth by the YMCA of Saratoga for my child to participate on the swim team.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Y SWIM TEAM**™

We build strong kids, strong families, strong communities.



**YMCA of Saratoga**  
**www.ymcasaratoga.org**

I, \_\_\_\_\_, do hereby give the Saratoga YMCA, their assigns, licensees and legal representatives the irrevocable right to use my image in all forms and media and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes, and I waive any rights to inspect or approve the finished product, including written copy that may be created in connection therewith. The following name may be used in reference to these photographs:

My real name, or

Short description of photographs:

Additional Information:

I am of full age. I have read this release and fully understand its contents.

**PLEASE PRINT**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT**

(If model is under the age of 18) I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

**PLEASE PRINT**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_