



BCY Killer Whales Summer Swim Team Registration Form

Swimmer's Name: _____

Parent's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Swimmer's Birthdate: _____ Age at 5/30/2016: _____

Swimming Experience

Number of Prior Years on Summer Swim Team(s)

Number of Prior Years on Winter Swim Team(s)

Please place a check in the boxes that apply to your swimmer:

	Freestyle	Back Stroke	Breast Stroke	Butterfly
My child can complete one length of the pool (25 meters) in these strokes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child's favorites strokes are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child's least favorite strokes are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

By registering my child for the BCY Killer Whales Summer Swim Team, my child and I agree to abide by all the Southwest Swim Association Rules and Barren County Family YMCA Swim Team Rules.

Parent's Signature: _____

Swimmer's Signature: _____