



PEOY Age Group Swim Team/DOCS

Season: September 2010- March 2011

Pearce Community Center

Practice Times: Tuesdays & Thursdays 5:45 – 6:45 pm

Name of parent/guardian: _____

Address: _____

City: _____ Zip: _____

Home phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Emergency Contact person: _____ Emergency Phone: _____

Swimmer Name (F, MI, L)	Birth date	Gender	Pearce
1. _____	__/__/__	M F	\$265
2. _____	__/__/__	M F	\$265
3. _____	__/__/__	M F	\$265
4. _____	__/__/__	M F	\$265
5. _____	__/__/__	M F	\$265
Total due to PEOY			\$ _____
Installment # 1 \$175 x ____ =			\$ _____
* Balance due 12/01/10=			\$ _____

We approve registration and certify that our child is in good health. I authorize the Greater Peoria Family YMCA staff or volunteers to render First Aid. I shall not hold the Great Peoria Family YMCA responsible for any and all accidents, personal injuries, or loss of property resulting from connection with the YMCA DOCS Swim Team. Furthermore, I give my permission for the Greater Peoria Family YCMA to take and publish photographs of my child for the purposes of the YMCA art, advertising, education, and or promotions.

Date: _____ Parent/ Guardian Signature: _____

Program Code: 10AQU Description: Pearce