



PEOY Age Group Swim Team/DOCS
 Season: September 14/ 15th, 2009- March 2010
 Location: Washington or Pearce

Five Points Washington Monday & Wednesday All team 6-7 pm	Pearce Community Center Tuesday & Thursday All team 5:45-6:45 pm
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Name of parent of guardian: _____
 Address: _____
 City: _____ Zip: _____
 Home phone: _____ Cell Phone: _____ Mobile Phone: _____
 Email Address: _____
 Emergency Contact person: _____ Emergency Phone: _____

Swimmer Name (F, MI, L)	Birthdate	Gender	Washington/Pearce	
1. _____	__/__/__	M F	\$252	
2. _____	__/__/__	M F	\$252	\$504
3. _____	__/__/__	M F	\$252	\$756
4. _____	__/__/__	M F	\$252	\$1008
5. _____	__/__/__	M F	\$252	\$1260
6. _____	__/__/__	M F	\$252	*High School Swimmer

Installment # 1 \$150 x ____ = \$ _____

* Balance due 12/01/09

Total due to PEOY \$ _____

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: _____