



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GEORGIA'S PIEDMONT
BRAD AKINS BRANCH
2012 SPRING SWIM LESSONS

NAME	FIRST	LAST
------	-------	------

ADDRESS

CITY		ZIP	
------	--	-----	--

PHONE		ALT. PHONE	
-------	--	------------	--

BIRTHDAY	/	/	AGE
----------	---	---	-----

EMAIL ADDRESS	
---------------	--

ADDITIONAL SWIMMER INFORMATION

ANY PHYSICAL/MEDICAL PROBLEM WE SHOULD KNOW ABOUT?		
EMERGENCY CONTACT	WORK/CELL PHONE #	HOME PHONE #
1.		
2.		

PARENT – GUARDIAN INFORMATION

FATHER'S NAME	BUS. PHONE	CELL PHONE
MOTHER'S NAME	BUS. PHONE	CELL PHONE

OFFICE USE ONLY
CHECK # _____
CASH _____
CREDIT CARD _____
DATE RECEIVED _____
STAFF INITIAL _____