

FCYST Trial Period Information

Swimmer's Name _____ Birthday _____

Swimmer's Name _____ Birthday _____

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Will a parent plan to stay in the building during practice? Yes or no

If yes, where? _____

How to contact you during practice, if necessary:

Any medical conditions or medications:

Parent/Guardian signature: _____

(upper portion stays in swim team binder at pool)

(lower portion goes to swim team office)

Swimmer(s) Names _____

Parent(s) Names _____

Email address(es): _____

Home phone _____ Cell Phone _____

YMCA Location of trial (circle one) APPY or NMY

Trial Period Start Date _____