ALL REGISTRATION FORMS MUST BE SUBMITTED TO THE MAKO COACHING STAFF

2025 - 2026 SHORT COURESE MAKO REGISTRATION FORM ****NEW SWIMMER/FAMILY FULL PAYMENT OPTION****

Family Name:				Primary e-n	nail:				
Parent_1st_Name:last if different from family name)			Cell#		Home#_			(Include	
Parent_Name:			Cell#						
Secondary email:			_						
Address:									
(Street)			(City)			(State)	(Zip)		
Swimmer Profile(s): USA Sv	vimming red	quires a copy of	birth certificate if	NEW to USA Swi	mming	T			
Swimmer's								Ethnicity	
SWIIIIIICI S	Middle	LAS	T NAME	Date	of	Schoo	ol Year	(for USA	
FIRST NAME	Initial	_	ifferent)		Birth		School real		
4		, -		-				Registration)	
1.									
2.									
3.									
			Annual				Ī		
Swimmor's		Practice	Support	Team Dues			Initial Pay	vment	
Swilliner S	Swimmer's Practice Squad		Donation	Initial	Full Program Fee			Total	
NAME			(optional)	Payment					
1.									
2.									
3.									
	FE	E TOTALS:							
			1	•	<u> </u>		•		
Photo Release: Init	ıal:								
I have read and und	derstand	the Make T	eam Policies	e ac stated wi	ithin thi	s nacket as u	vell as the Mi	inor Athlete	
Abuse Prevention F					Cilli Cilis	<i>раскег аз</i> и	en as the M	noi Atmete	
Signature:									
CDEDIT CARD DAVIACET ALT	IODIZATION:	Cand Towar							
CREDIT CARD PAYMENT AUTI					. Data				
Credit Card #				Exp	ate:				
Signature:									
Signature autho	rizes RYWC to cha	arge Registration Grand	Total to credit card and a	any outstanding fees owed	in the event a s	wimmer leaves the progra	ım.		

2025 – 2026 SHORT COURSE MAKO REGISTRATION FORM ****RETURNING SWIMMER/FAMILY FULL PAYMENT OPTION****

If you have any changes to your current contact information please indicate that below, otherwise leave blank.

	Family Name:			Primary e-m	ail:			
Parent's_Name:	Parent's Name:		Cell #		Home #			
Swimmer's Practice Squad Support Donation (optional) 1.								
Swimmer's Practice Squad Support Donation (optional) Payment Full Program Fee Initial Payment Total 1.					-			
Swimmer's Practice Squad Support Donation (optional) 1. 2. 3. FEE TOTALS: Team Dues Initial Payment Full Program Fee Initial Payment Total Full Program Fee Initial Payment Total Full Program Fee Total Full Program Fee Initial Payment Tota	Address:		_					
Swimmer's NAME Squad Support Donation (optional) Squad Support Donation (optional) Squad Squad Squad Full Program Fee Initial Payment Total Full Program Fee Initial Payment Total Squad Full Program Fee Initial Payment Total	(Street)		(City)		(State)	(Zip)		
2. 3. FEE TOTALS: Photo Release: Initial: Thave read and understand the Mako Team Policies as stated within this packet as well as the Minor Athle Abuse Prevention Policies and YMCA Parking Policies. Signature: CREDIT CARD PAYMENT AUTHORIZATION: Card Type: Exp. Date:			Support Donation	Initial	Full Program Fee	·		
Thave read and understand the Mako Team Policies as stated within this packet as well as the Minor Athle Abuse Prevention Policies and YMCA Parking Policies. Signature: CREDIT CARD PAYMENT AUTHORIZATION: Card Type: Executed the Card # Exp. Date:	1.							
Photo Release: Initial: If have read and understand the Mako Team Policies as stated within this packet as well as the Minor Athle Abuse Prevention Policies and YMCA Parking Policies. Signature: CREDIT CARD PAYMENT AUTHORIZATION: Card Type: Exp. Date: Exp. Date:	2.							
Photo Release: Initial: I have read and understand the Mako Team Policies as stated within this packet as well as the Minor Athle Abuse Prevention Policies and YMCA Parking Policies. Signature: CREDIT CARD PAYMENT AUTHORIZATION: Card Type: Credit Card # Exp. Date:	3.							
Thave read and understand the Mako Team Policies as stated within this packet as well as the Minor Athle Abuse Prevention Policies and YMCA Parking Policies. Signature: CREDIT CARD PAYMENT AUTHORIZATION: Card Type: Credit Card # Exp. Date:		FEE TOTALS:						
Abuse Prevention Policies and YMCA Parking Policies. Signature: CREDIT CARD PAYMENT AUTHORIZATION: Card Type: Credit Card # Exp. Date:	Photo Release: Initial	!:						
CREDIT CARD PAYMENT AUTHORIZATION: Card Type: Credit Card # Exp. Date:					thin this packet as w	ell as the Minor Athle		
Credit Card # Exp. Date:	Signature:							
Credit Card # Exp. Date:								
Credit Card # Exp. Date:								
	CREDIT CARD PAYMENT AUTHOR	RIZATION: Card Type:						
iignature:	Credit Card #			Exp	. Date:			
	Signature:							

****NEW & RETURNING SWIMMER/FAMILY MONTHLY PAYMENT OPTION****

Family Name:				Primary e	e-mail:					
Parent_1st_Name: last if different from family name)			Cell#		Home#	#			(Include	
Parent_Name: Secondary email:			<u></u>		_					
Address:(Street)			(City)			(State)	(Zip))		
Swimmer Profile(s): USA	Swimming re	quires a copy	of birth certifica	ate if NEW to US	A Swimmir	n <mark>g</mark>				
Swimmer's	Middle	_	T NAME		Date of		School Year		Ethnicity (for USA	
1.	Initial	(if d	(if different)		Birth				Registration)	
2.										
3.										
Swimmer's		ractice quad	Annual Support Donation (optional)	Team Dues Initial Payment	Monthly	y Program Fee Initial Pa		-		
1.										
2.										
3.										
	FEE	TOTALS:								
I understand that is Season. September - 9/5, Oo (April payment is for I understand that is in writing 30 days Photo Release: Init I have read and un	ctober – 10 the final V If I wish to prior to th tial: derstand	Pa 0/5, Novem 2 month of o remove n heir next b	yment Sche ber 11/5, De the program. ny swimmer illing date. Feam Policie	ecember 12/5, The monthly r from the pr	, January / fee will ogram, .	/ 1/5, Februa prorated app I must notif y	ry 2/5, Marc ropriately) y the Mako (h 3/5, Ap Coaching	oril 4/5 g Staff	
Abuse Prevention I	Policies a	nd YMCA P				•				
Signature:										
CREDIT CARD PAYMENT AUT	HORIZATION:	Card Type:			_					
Credit Card # Signature:				E	xp. Date: _		_			
	orizes RYWC to cha	rge Registration Gran	d Total to credit card an	d any outstanding fees ov	ved in the event	a swimmer leaves the pr	ogram.			