

# 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-mail: \_\_\_\_\_

Parent\_1<sup>st</sup>\_Name: \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_ (Include last if different from family name)

Parent\_Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Secondary email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Swimmer Profile(s): USA Swimming requires a copy of birth certificate if NEW to USA Swimming**

Swimmer's FIRST NAME	Middle Initial	LAST NAME (if different)	Date of Birth	School Year	Ethnicity (for USA Registration)
1.					
2.					
3.					

Swimmer's NAME	Practice Squad	Annual Support Donation (optional)	Team Dues Initial Payment	Full Program Fee	Initial Payment Total
1.					
2.					
3.					
	<b>FEE TOTALS:</b>				

**Photo Release: Initial:** \_\_\_\_\_

***I have read and understand the Mako Team Policies as stated within this packet as well as the Minor Athlete Abuse Prevention Policies and YMCA Parking Policies.***

**Signature:** \_\_\_\_\_

**CREDIT CARD PAYMENT AUTHORIZATION:** Card Type: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature authorizes RYWC to charge Registration Grand Total to credit card and any outstanding fees owed in the event a swimmer leaves the program.

## 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-mail: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_  
(Include last if different from family name)

Parent's Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Secondary email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Swimmer's NAME	Practice Squad	Annual Support Donation (optional)	Team Dues Initial Payment	Full Program Fee	Initial Payment Total
1.					
2.					
3.					
	FEE TOTALS:				

**Photo Release: Initial:** \_\_\_\_\_

***I have read and understand the Mako Team Policies as stated within this packet as well as the Minor Athlete Abuse Prevention Policies and YMCA Parking Policies.***

**Signature:** \_\_\_\_\_

**CREDIT CARD PAYMENT AUTHORIZATION:** Card Type: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Signature authorizes RYWC to charge Registration Grand Total to credit card and any outstanding fees owed in the event a swimmer leaves the program.*

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

Family Name: \_\_\_\_\_ Primary e-mail: \_\_\_\_\_

Parent 1<sup>st</sup> Name: \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_ (Include last if different from family name)

Parent Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Secondary email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Swimmer Profile(s): USA Swimming requires a copy of birth certificate if NEW to USA Swimming**

Swimmer's FIRST NAME	Middle Initial	LAST NAME (if different)	Date of Birth	School Year	Ethnicity (for USA Registration)
1.					
2.					
3.					

Swimmer's NAME	Practice Squad	Annual Support Donation (optional)	Team Dues Initial Payment	Monthly Program Fee	Initial Payment Total
1.					
2.					
3.					
	FEE TOTALS:				

**I understand that the monthly program fee is due no later than the 10<sup>th</sup> of each month of the Short Course Season. \_\_\_\_\_**  
**Payment Schedule:**

September – 9/5, October – 10/5, November 11/5, December 12/5, January 1/5, February 2/5, March 3/5, April 4/5  
(April payment is for the final ½ month of the program. The monthly fee will prorated appropriately)

**I understand that if I wish to remove my swimmer from the program, I must notify the Mako Coaching Staff in writing 30 days prior to their next billing date. \_\_\_\_\_**

**Photo Release: Initial: \_\_\_\_\_**

**I have read and understand the Mako Team Policies as stated within this packet as well as the Minor Athlete Abuse Prevention Policies and YMCA Parking Policies.**

**Signature: \_\_\_\_\_**

**CREDIT CARD PAYMENT AUTHORIZATION:** Card Type: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Signature authorizes RYWC to charge Registration Grand Total to credit card and any outstanding fees owed in the event a swimmer leaves the program.*