EAST HARTFORD BRANCH YMCA

LAUREL SWIM TEAM

SC 2025-2026

Additional Information needed for NEW SWIMMERS

Swimmer Information

r icase II	if out the following information.		
Swimme	First Name Middle Name Last Name		_
Parent Names Mother (if applicable) Father (if applicable)			
Address_	Town	Zip	
Telephone (home) (cell)		_	
Age	Birthdate	Gender: M F Other:	
Email A	ddress:		<u> </u>
Competitive Experience			
Are you currently registered with USA Swimming through CT Swimming for 2025: YES NO			
Are you transferring from another USA Competitive Swimming Program: YES NO			
Have you	u completed your transfer form located on your a	account in USA Swimming: Y	ES NO
Important information:			
New Member Information for the Family			
	☐ All swimmers are required to have a USA Swimming Membership regardless of which meets you will or will not swim in.		
u 1	☐ Middle name and DOB must be verified.		
	Both parents information is needed including email address.		
	ALL swimmers must be registered no later than the first day of practice. (exception: swimmer moving in to the East Hartford area from another town/state).		
1	No swimmer (new or returning) will be allowed to practice until registration is complete.		
☐ I	If swimmer is transferring from another team, please tell us what swim team are transferring from and if they are CURRENTLY USA Swimming Registered.		
	Contact Coach Kaeley (860.614.2008) with any questions.		

