

1st Swimmer's

LAST NAME

number of registrations in age groups.

DuBois Area YMCA

814-375-9622 www.duboisymca.org

Dolphin Swim Team Registration

MI

FIRST NAME



SUIT SIZE

2025-26 Winter

2026 Summer

Please complete this form and return to front desk upon registering (payment). Please print clearly.

BIRTH

DATE

AGE as of

Dec 1 (Win)

June 1 (Sum)

GRADE

Current (Win)

In Fall (Sum)

2 nd Swimmer's LAST NAME	FIRST NAME	MI	or F	BIRTH DATE	AGE as of Dec 1 (Win) June 1 (Sum)	GRADE Current (Win) In Fall (Sum)	SUIT SIZE
_							
neck here if additional swimmer	ers' information on back						
CONTACT INFORMAT	TION						
Fathers Name (first & last):					Cell Phone:		
Mothers Name (first & last):					Cell Phone:		
Address:							
Home Phone	City:				State:	Zip: _	
Parent E-Mail Address:							
n a case of an emergency contact:							
If unavailable contact:			_ Re	lation Phone #			
Any other info we should kno	OW (medical, injuries, experie	ence, go	als)				

Any questions, please contact Coach: Winter - Issac Wayne 814-771-7180, Makayla Robertson 814-646-0005

*Up-to-date practice & meet schedules for specific Age Groups will be posted through the Remind App or the DuBois Dolphins Facebook page. Please see Swim Team Info Packet for more detailed information. Practice schedule may be adjusted dependent upon

Jessie Zameroski 814-335-4461

Summer - TBA

Y Staff - Paula DuBois or Zac Wilcox 814-375-9622