



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YCF Cancellation Form

SWIMMER: _____

Date of Birth (MM/DD/YYYY): ___/___/____ **Parent's Name:** _____

CURRENT INFORMATION

Group: AG Recreational / SR Recreational / AG Competitive / SR Competitive / National Prep / National

Practice Site: Aquatic Center / Blanchard Park / Cocoa / DT Orlando / Dr. Phillips / Frank DeLuca / Golden Triangle

J. D. Williams / Lake Nona / Osceola / Oviedo / Roper / Suntree / Titusville / Winter Park

Cancellations must be received by the YCF Swim Team Office on or before the first (1st) of the month that you wish to cancel, (i.e. at least 15 days prior to the draft).

Effective Month: _____

Reason for Cancellation: _____

Do you have another swimmer(s) currently on the YCF Swim Team? YES / NO

If yes, what is the name(s) of the remaining swimmers? _____

Signature of Parent/Guardian

Date

These forms can be scanned/mailed, mailed and/or dropped off in person to the YCF Swim Team Office at the YMCA Aquatic Center, (located at 8422 International Drive, Orlando, FL, 32819, ycfswimteam@cfymca.org).

OFFICE USE ONLY

Received Date: ___/___/___

Cancelled on: ___/___/___