

BOYS & GIRLS CLUB OF CLIFTON



SEAHAWKS APPLICATION

PRINT SWIMMER'S NAME: _____

SEASON YEAR: 2013-2014 FALL/WINTER: SEPT.16- MARCH 31

BIRTHDATE: (M/D/Y) _____ / _____ / _____ SEX: M / F (CIRCLE ONE)

EMAIL ADDRESS: (REQUIRED) _____

We will use this to send you important information regarding practices, meets and special notices!

ALTERNATE EMAIL ADDRESS _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK# _____

PARENT'S NAME:

MOTHER _____ CELL# _____

FATHER _____ CELL# _____

EMERGENCY CONTACT: _____ RELATION _____

EMERGENCY PHONE: _____