

BOYS & GIRLS CLUB OF CLIFTON SEAHAWKS APPLICATION 2009-2010



FALL/WINTER: SEPT.15- MARCH 28

SWIMMER'S NAME: _____
(LAST) (FIRST)

BIRTHDATE: (M/D/Y) ___/___/___ SEX: M / E (CIRCLE ONE)

EMAIL ADDRESS: (REQUIRED)

Please write an email address that is checked often. We will use this to send you important information regarding practices, meets and special notices! It is VERY IMPORTANT!

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

MOTHER _____ WORK# _____

EMAIL _____ CELL# _____

FATHER _____ WORK# _____

EMAIL _____ CELL# _____

EMERGENCY CONTACT: _____ RELATION _____

EMERGENCY PHONE: _____