

2010 GCY MAKOS REGISTRATION

CONTACT INFORMATION

Mother's name: _____ Father's name: _____

Cell phone #: _____ Cell phone #: _____

Email address: _____ Email address: _____

Mailing Address: _____

Home phone #: _____

Practice site: Ragsdale Spears Bryan

May we include you in our team directory? Y N Number to receive text messages: _____

SWIMMER INFORMATION

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Sex: M F Squad: _____

T-shirt size: _____ youth/adult New swimmer? Y N Birth Certificate? Y N*

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Sex: M F Squad: _____

T-shirt size: _____ youth/adult New swimmer? Y N Birth Certificate? Y N*

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Sex: M F Squad: _____

T-shirt size: _____ youth/adult New swimmer? Y N Birth Certificate? Y N*

EMERGENCY CONTACT

Name: _____ **Relationship:** _____ **Phone:** _____

**All new swimmers are required to
provide a copy of their birth certificate.*

Parent/Guardian Signature

Date