PTFY Seahawks Registration Form

Swimmer Full Name(s) – please include middle initial:

_____ Gender: M / F BirthDate: _____

_____ Gender: M / F BirthDate: _____

_____ Gender: M / F BirthDate: _____

_____ Gender: M / F BirthDate: _____

Parents/Guardian Name(s): _____

Address: _____

City: _____ State: ____ Zip: _____

Phone number(s): _____ (home)

_____ (alternate)

_____ (alternate)

Email(s): _____ (primary)

_____ (alternate)

Please check if your information has changed from last year (if not sure, please check):

Address/Home phone: _____ Alternate phone(s): _____ Email(s): _____

Please check if you are interested in receiving training for:

YMCA Certified Official _____ YMCA Referee _____ Timing System _____

Can we include the following info in our team directory (distributed to PTFY team families only)?

Swimmer Name:	Y	N	
Parent name(s):	Y	N	
Swimmer Address:	Y	N	
Phone Numbers:	Y	N	Only: _____
Email Address(es):	Y	N	Only: _____