



Registration Information

Dad's First and Last Name: _____

Mom's First (and Last if different): _____

Any family member deployed or will be deployed? Who, when & relationship to the swimmer?

1st Swimmer's First Name (& Last if different): _____ M F

DOB: _____ Grade: _____ Present Age: _____ School: _____

Nickname if applicable: _____

What days will your swimmer practice: M, W, F: T, TH, F: M-F:

Special Needs or Concerns for Coaches: Yes No

If Yes: Please Explain: _____

2nd Swimmer's First Name (& Last if different): _____ M F

DOB: _____ Grade: _____ Present Age: _____ School: _____

Nickname if applicable: _____

What days will your swimmer practice: M, W, F: T, TH, F: M-F:

Special Needs or Concerns for Coaches: Yes No

If Yes: Please Explain: _____

3rd Swimmer's First Name (& Last if different): _____ M F

DOB: _____ Grade: _____ Present Age: _____ School: _____

Nickname if applicable: _____

What days will your swimmer practice: M, W, F: T, TH, F: M-F:

Special Needs or Concerns for Coaches: Yes No

If Yes: Please Explain: _____

4th Swimmer's First Name (& Last if different): _____ M F

DOB: _____ Grade: _____ Present Age: _____ School: _____

Nickname if applicable: _____

What days will your swimmer practice: M, W, F: T, TH, F: M-F:

Special Needs or Concerns for Coaches: Yes No

If Yes: Please Explain: _____

Primary Email: _____ (Please notify us if you are not receiving email)

Alternative Email: _____

NOTE: It is very important our coaches are able to reach you during the times they have your swimmer. If your phone is busy or we have wrong numbers, they are not able to be in touch with you regarding your swimmer. (Please keep us updated throughout the Season at efs/sealions@yahoo.com)

Phone Numbers:

Home _____ Work (Dad) _____ Cell (Dad) _____

Work (Mom) _____ Cell (Mom) _____

High School Swimmers: Cell _____ Email: _____

Does your swimmer want all Sea Lion Email or only email pertaining to high school? _____

Physical Address:

MTV PHV Off Post Mannheim Other

Building # _____ Apartment _____ Street _____

Town _____ Postal Code _____

CMR Address:

Organization _____ CMR _____ Box _____ APO AE Zip _____

Emergency POC # 1

Name: _____

Home: _____ Cell: _____ Work: _____

Emergency POC # 2

Name: _____

Home: _____ Cell: _____ Work: _____