

HAGY Gators USA Registration Form

Swimmer Information:

Name: _____
 First Middle Last

Preferred Name: _____

Date of Birth: _____ Verification of Birth Certificate: (initials): _____
(Coach Use Only)

Age: _____

Swimmer Email Address: _____

USA Citizen (Yes/No): _____

Club Name: Hagerstown YMCA Gators Club Code: 2619

Parent Information:

Parent Name: _____
 First Last

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____

Parent/Family Email Address: _____

Date form submitted: _____