

Athlete's Information

First Name _____ Middle Name _____ Last Name _____

Preferred Name _____ Date of Birth _____ Grade (Current Year) _____ Male [] / Female []

Home Phone _____ Student Cell Phone _____ Student Email _____

Address _____ Student ID # _____

City _____ State _____ Zip Code _____

Parents Information

Fathers Name _____ Mothers Name _____

Fathers Cell Phone _____ Mothers Cell Phone _____



Medical Information

Emergency Contact _____ Emergency Phone _____

Medical Conditions _____ Medications _____

Swimming Information (Swimming Experience)

High School [] (Current Team Member)

Year Round [] Club Name _____ USA Number _____

Summer Only [] Swim Team Name _____

CYO Swim Team [] School Name _____

None []

Swimming History (High School, Club Swimming, Summer Teams) _____

Swim Times (if Available)

Stroke _____	Time _____	Distance _____	Yards[] / Meters []
Stroke _____	Time _____	Distance _____	Yards[] / Meters []
Stroke _____	Time _____	Distance _____	Yards[] / Meters []
Stroke _____	Time _____	Distance _____	Yards[] / Meters []

Questions or Comments

