

Athlete's Information

First Name _____ Middle Name _____ Last Name _____

Preferred Name _____ Date of Birth _____ Grade (Year in School) _____ Gender (M/F) _____

Home Phone _____ Student Cell Phone _____ Student Email _____

Address _____ Student ID # _____

City _____ State _____ Zip Code _____

Parents Information

Fathers Name _____	Mothers Name _____
Fathers Work Phone _____	Mothers Work Phone _____
Fathers Cell Phone _____	Mothers Cell Phone _____
Fathers Occupation _____	Mothers Occupation _____



Medical Information

Emergency Contact _____ Emergency Phone _____

Medical Conditions _____

Medications _____

Swimming Information

Swimming Experience Year Round [] Summer Only [] None []

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

Swim Times

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

Questions or Comments