New swimmer information and evaluation Sailfish Swim Team

1 st Swimn	<u>ner</u>							
Last Name			Legal First Name		Middle			
Preferred First Name		e	Date of Birth	A	Age		_ Sex (M/F)	
2 nd Swimr	mer:							
			Legal First Name		Middle			
Preferred F	irst Nam	e	Date of Birth		\ge	Sex(M/F)		
Are you a	curren	t JCC memb	<u>er</u> YesNo	-				
Primary C			First Name_					
Mailing Add	ress							
Home Phone		Ce	Cell Phone		l			
Secondar Last Name			First Na	me				
Mailing Addı	ress							
Home Phone			Cell		Email			
Emergeno	cy Conta	act (if Primary	and Secondary canı	not be contacted)				
Last Name			First Nar	ne				
Home Phone	e		Cell					
		D	O NOT FILL (OUT BELOW	THIS	LINE		
Free 1	-2-3-4-5							
Back 1	-2-3-4-5							
Breast 1	-2-3-4-5							
Fly 1	-2-3-4-5							
Private Lessons Chi		Chipmunk	Squirrel Hill	PGH Group	AG	H Group	PA Group	