

Sioux City Mariners Swim Club

Family Contact Information

Swim Season: Fall & Winter _____ Spring _____ Summer _____

Swimmer #1: _____

Swimmer #2: _____

Swimmer #3: _____

Parent/Guardian Names: _____

Home Address: _____

City/State/Zip: _____

Contact Information:

Information about team events, practice schedule and swim meets is distributed via email. Please list all email addresses you would like us to use.

Parent/Guardian #1: _____

Cell Phone: _____

Email: _____ (this email will be used as the **primary login** on the team's website).

Parent/Guardian #2: _____

Cell Phone: _____

Email: _____

**The swimmer(s) named above has my permission to have photos taken and posted for advertisement on behalf of Sioux City Mariners. This may include news article releases, website posting, flyer releases and other methods used for advertisement. The photos will not be used for any other purposes.

Parent/Guardian signature: _____ Date: _____

Printed Name: _____