

AQUAFORCE SWIM TEAM—SWIMMER INFO SHEET

AQUAFORCE SWIMMER INFORMATION

Swimmer Name: (First, M.I., Last)		Date of Birth:
Street address:		Home Phone:
City:	State:	ZIP Code:
Swimmer E-mail (optional):	Swimmer Cell Phone (optional):	

CONTACT INFORMATION

Parent Name:	Parent Name:
Cell Phone Number:	Cell Phone Number:
E-mail Address: (This will be your family's primary web site log-in)	E-mail Address:

PHOTO/MEDIA RELEASE

I authorize the use of photos and names for publication on newsletters, local newspapers, team postings and the team website.

Signature of parent/guardian:	Date:
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INFORMATION RELEASE

I authorize my own and my swimmer's name, e-mail address and phone number(s) to be placed in a team directory to be distributed to other team members.

Signature of parent/guardian:	Date:
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I agree to receiving information from the team through my e-mail address.

Signature of parent/guardian:	Date:
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On the back of this sheet, help the coaches understand your swimmer. If there are any medical, physical, or learning challenges we should be aware of, please share them. Also, share any goals your swimmer has for the season.