

Date		

Swimmer Name				
Age	DOB			
Prior Experier	nce			
Parent Name_				
Parent Email_		· · · · · · · · · · · · · · · · · · ·		
Parent Cell	 			
School District				
How Did You H	lear About l	Js?		
]	For Coach Use Below		
Stroke	Distance	Time, Skill & Comments		
Freestyle				
Backstroke				
Butterfly				
Breastroke				
Assignment				