RSST

Ridge Seals Swim Team: Get to know my swimmer!

Please print and complete this form and **turn into the coaches on the first day of practice**. Please fill out thoroughly and advise if your child has any medical or special learning/communication/language/developmental needs that the coaching staff should be aware of to help your child learn and perform at his/her best this summer.

Parent/Guardian Names: _____ Best phone number to reach me: _____

Swimmer name: _____ Nickname: _____ Age on 6/1:_____
   __has taken or do take swimming lessons   __first swim team experience   __Prior swim team: _____
Favorite Stroke(s): _____ Least Favorite Stroke(s): _____
Swimmer's goal for the season: _____
Other Interests, Sports & Activities: _____
Needs evening practice due to daycare, work, or camp conflict Camp conflict dates, week(s) of:
_____
Will NOT attend meets, week(s) of: _____
Unsure about dates at this time: _____
List medical conditions, special learning/communication/language/developmental needs or allergies of which the coaches should be aware: _____

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