



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TOGETHER WE CAN BE GREAT

Two Week Free Trial

| SWIMMER'S NAME | Birth date |
|----------------|------------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |

Any pertinent medical information/medications:

Parent/Guardian Contact Information:

Printed Name(s): _____

Cell: _____ **Email:** _____

Trial Start date: _____

Parent/Guardian Signature: _____