



Sharks Swim Team

Swimmer Information



Name: _____
FIRST MIDDLE LAST

Age: _____ Date of Birth: ____/____/____
MONTH DAY YEAR

Address: _____
STREET CITY STATE ZIP CODE

Are you currently registered with USA Swimming? ☐ YES ☐ NO

If yes, which team are you registered under? _____

Parent 1

Parent 2

Name: _____

Name: _____

Cell #: _____

Cell #: _____

Email: _____

Email: _____

FOR COACHES USE ONLY

STROKE	DISTANCE COMPLETED	TIME	REFERENCE #1-5	OTHER
FR				
BK				
BR				
FL				

☐ BEG

☐ NOV

☐ JR____

☐ SR

☐ OTHER