



**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