



Emergency Contact Information

Swimmers Name: _____
Last First Middle

Birthdate: _____ Age: _____

Swimmers Name: _____
Last First Middle

Birthdate: _____ Age: _____

Swimmers Name: _____
Last First Middle

Birthdate: _____ Age: _____

Address: _____

City: _____ Zip: _____

Primary Phone Number: _____

Primary E-mail: _____

Secondary E-mail*: _____

*Please check if you would like secondary e-mail utilized in addition to primary email for team communications.

Mother's Name: _____
Last First

Cell Phone: _____

Father's Name: _____
Last First

Cell Phone: _____

Nanny Name: _____
Last First

Cell Phone: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____

Please list any medical condition(s) or allergies coaching staff should be aware of (optional):

Please list any prescription medication that swimmer takes and if swimmer has it with them (optional):

Parent Signature: _____

Date: _____