

FAMILY & ATHLETE INFORMATION FORM

The information below is collected to make sure we have the most up-to-date information for swimmers and their families. If at any time this information changes, please fill out the portion of the form that changed and turn it in at the swim office.

Please note that cell phone numbers are needed for texting important/urgent information.

Athlete's Preferred

Full Name: _____

Athlete's Birthday: _____

Athlete's Email: _____

Athlete's Cell Phone
Number: _____

Athlete's School: _____

Athlete's
Grade: _____

Athlete's

T-Shirt Size: _____

Youth _____

Adult _____

Athlete's Address: _____

Athlete's City,
State, Zip: _____

Pertinent Medical
Information: _____

Adult 1's Full Name: _____

Adult 1's Cell
Phone Number: _____

Adult 1's Email: _____

Adult 1's Other
Phone Number: _____

Adult 1's Address _____

Adult 1's City,
State, Zip: _____

Adult 2's Full Name: _____

Adult 2's Cell
Phone Number: _____

Adult 2's Email: _____

Adult 2's Other
Phone Number: _____

Adult 2's Address: _____

Adult 2's City,
State, Zip: _____

Adult 1's
Relationship to
Athlete: _____

- ☐ Parent
☐ Guardian
☐ Grandparent
☐ Other: _____

Adult 2's
Relationship to
Athlete: _____

- ☐ Parent
☐ Guardian
☐ Grandparent
☐ Other: _____

Preferred Ways of
Communication:
(Select all the apply; one
adult cell phone and one
adult email must be
selected)

- ☐ Athlete's Cell Phone
☐ Athlete's Email

- ☐ Adult 1's Cell Phone
☐ Adult 1's Other Phone
☐ Adult 1's Email

- ☐ Adult 2's Cell Phone
☐ Adult 2's Other Phone
☐ Adult 2's Email