

Swimmer information form

Date:

Last Name: \_\_\_\_\_

Middle: \_\_\_\_\_

First Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Allergies: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Mom's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dad's name: \_\_\_\_\_ Phone: \_\_\_\_\_