

DOLPHIN SWIM TEAM
SWIMMER INFORMATION SHEET

Swimmer's Name _____
Last First MI

Mailing Address: _____

E-Mail Address: _____

Date of Birth: ____/____/____ Age as of December 1, 2011: ____ T-shirt size: ____

School: _____ Grade: _____

Parents' Names: _____

Parents' Address if different from above Swimmer

Phone: Mom's Home: _____ Work: _____ Cellular: _____

Dad's Home: _____ Work: _____ Cellular: _____
(if different)

List two alternate persons to contact in case of an emergency:

Name:

Phone:

Physical or Emotional Issues:

Treatment Plan of Problems Listed Above:

Known Allergies:

Swimmers Physician: _____ Phone: _____

I, _____, give permission for my child to swim on the Down East Family YMCA Dolphin Swim Team and authorize my child to receive medical emergency medical care in the event of an accident or injury while participating in the Dolphin Swim Team Program. I also give permission for my child to ride on transportation provided by the Down East Family YMCA.