

DONY EXPRESS SWIM TEAM

Information Sheet
Please Print

Swimmers

Name: _____ / _____ / _____
Last First M.I.

Preferred Name _____ Male _____ Female _____

Birth Date: ____/____/____ Age: _____

Parent's Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mother's Work Phone: _____

Cell Phone: _____ Father's Work Phone: _____

E-mail Address: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Current Health Problems:

Allergies, special medical conditions, problems or restrictions we should be aware of:

Parent's Signature: _____ Date: _____

Comments or questions that you may have:

Parents please fill out separate sheets for **each** child and return to Coach Amanda Cook.