



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SWIM TEAM MEMBER FORM

Child's Full Name: \_\_\_\_\_  
First Middle Last

Prefers to be called: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

## Parents Info

Parent Name: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_

Email: \_\_\_\_\_

Other (e.g., Grandparent, Nanny, etc): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Work#: \_\_\_\_\_

Email: \_\_\_\_\_

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

Home Phone#: \_\_\_\_\_