

LONGVIEW SWIM CLUB SWIMMER INFORMATION

SEPTEMBER 1, 2003

ATHLETE'S LEGAL NAME	PREFERRED NAME	DATE OF BIRTH	AGE	SEX
1				
2				
3				
4				
5				

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ HOME EMAIL _____

SCHOOL DISTRICT _____

MOTHER'S NAME _____ PLACE OF WORK _____

WORK PHONE _____ CELL PHONE _____ PAGER _____ EMAIL _____

FATHER'S NAME _____ PLACE OF WORK _____

WORK PHONE _____ CELL PHONE _____ PAGER _____ EMAIL _____

**** PLEASE CIRCLE THE PHONE NUMBER ABOVE WHERE WE MAY MOST LIKELY REACH YOU DURING THE DAY ****

EMERGENCY CONTACTS TO NOTIFY IF PARENTS CAN'T BE REACHED:

NAME	PHONE	RELATIONSHIP TO SWIMMER
1		
2		

Would you like to volunteer on one of the following committees?

Newsletter___ Parties___ Publicity___ Registration___

Sponsorships___ Team Suits & T-Shirts___ Technology___

How did you learn about the swim team?

Friend___ Newspaper___ Flier___ Phone Book___ Radio Ad___ Other _____

Have you been a member of this team before? If yes, what year(s)? _____

Have you been a member of any other USA Swimming team before? If yes, what year(s)? _____

What team? _____

For Office Use: First Date in Pool _____ Trial Period _____ - _____

Registration _____ 1st Month's Dues _____ Birth Cert. _____ Med. Auth. _____ USA Form _____