



# Sharks Swim Team

Swimmer Information



Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Are you currently registered with USA Swimming?  YES  NO

If yes, which team are you registered under? \_\_\_\_\_

Parent 1

Parent 2

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

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

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

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

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

FOR COACHES USE ONLY

STROKE	DISTANCE COMPLETED	TIME	REFERENCE #1-5	OTHER
FR				
BK				
BR				
FL				

BEG

NOV

JR\_\_\_\_

SR

OTHER