



All information is held in the strictest of confidence.

Swimmer Information

Last Name _____ Legal First Name _____ Middle Name _____

Preferred Name _____ Date of Birth _____ Sex _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____ email address _____

US Citizen? Yes No

Member of another FINA Federation? Yes No If so, which? _____

Please describe any disability: _____

Ethnicity:

African American Asian or Pacific Islander Caucasian

Hispanic Native American Other Decline

Member of another USA swim team? Yes No

If so, enter team code: _____ LSC Code: _____ Date of Last competition: _____

CONTACT INFORMATION

Parent/guardian to be called in an emergency _____

Daytime phone _____ Evening Phone _____ Mobile Phone _____

Additional Contact name _____

Daytime phone _____ Evening Phone _____ Mobile Phone _____

In case of extreme emergency the swimmer will be transported to a local hospital before the parent is contacted.
Please check one:

Kingston Benedictine St. Francis Vassar Other _____

Doctor: _____ Telephone: _____

Insurance carrier: _____ Group number: _____ Policy number: _____

Any known allergies or restrictions: _____

Is swimmer currently taking any medications the coaches should be aware of? _____

Any concerns or comments? _____

