



SWIMMER PROFILE

Swimmer's Name:
Birth date:
Age:
Male or Female

PRIMARY CONTACT:

Parents Name:
Address:
City: PA Zip:

Phone Numbers:

Home
Work
Cell

Email Address: Don't Have one ____

SECONDARY CONTACT: (If parents are divorced or separated and other spouse wants on list for notification)

Parents Name:
Address:
City: PA Zip:

Phone Numbers:

Home
Work
Cell

Email Address:

MEDICAL:

Doctors Name:
Doctors phone:

Medical Condition:

Medication:

Emergency Contact Person:

This information will be strictly confidential and only the coaches will have access to it.