

East Cocalico Swim Team Swimmer Application

SWIMMER INFO

*Swimmer Name: _____ *Birth date: _____ Age (ON June 1): _____

*2nd Swimmer: _____ *Birth date: _____ Age (ON June 1): _____

*3rd Swimmer: _____ *Birth date: _____ Age (ON June 1): _____

*Address: Street _____

City _____

Zip _____

*Home Phone: _____

PARENT INFO

*Mother's Name: _____

*Father's Name: _____

Phone: _____

(If different from swimmer)

Phone: _____

(If different from swimmer)

Other Contact If Applicable:

Other Contact If Applicable:

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

*E-Mail: _____

*E-Mail: _____

CARETAKER INFO

If a person OTHER than the swimmer's parents will be involved in our program either as a very important Stepparent, with day care, transportation, or just as a caring supporter please provide their information here:

Name: _____

Relation to swimmer: _____

Phone: _____

During these hours: _____

This person is involved (or would like to be) in:

(Please check applicable boxes)

- Transportation of my swimmer
- Day Care/Babysitting of my swimmer
- Helping with our Team!
- Other _____