

Name\_\_\_\_\_

Age Now\_\_\_\_\_

Birthday\_\_\_\_\_

M/F \_\_\_\_\_

Parents Names\_\_\_\_\_

Address\_\_\_\_\_

Telephone numbers \_\_\_\_\_

Telephone number where parents may be reached during swim practice if different than above:

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Email address\_\_\_\_\_

On the reverse side of this sheet is the schedule for the 2009 Morton Swim Team. Please circle all meets you WILL be attending, and cross out the meets you WILL NOT attend.

**This form and the home staffing form must be turned in before your swimmer will be allowed to swim in a meet!!!!** Please remember, if there is a change to this form, please let Coach Springer know in writing ASAP.

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Swimmer signature

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Date

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Parent signature

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Date