

# MLST Swimmer Information Sheet

## Swimmer's Information

First name: \_\_\_\_\_ M: \_\_\_\_\_ Last: \_\_\_\_\_

Age: \_\_\_\_\_ Swimmer's Birthday: \_\_\_\_\_ M or F: \_\_\_\_\_

Grade and School: \_\_\_\_\_

First name: \_\_\_\_\_ M: \_\_\_\_\_ Last: \_\_\_\_\_

Age: \_\_\_\_\_ Swimmer's Birthday: \_\_\_\_\_ M or F: \_\_\_\_\_

Grade and School: \_\_\_\_\_

First name: \_\_\_\_\_ M: \_\_\_\_\_ Last: \_\_\_\_\_

Age: \_\_\_\_\_ Swimmer's Birthday: \_\_\_\_\_ M or F: \_\_\_\_\_

Grade and School: \_\_\_\_\_

First name: \_\_\_\_\_ M: \_\_\_\_\_ Last: \_\_\_\_\_

Age: \_\_\_\_\_ Swimmer's Birthday: \_\_\_\_\_ M or F: \_\_\_\_\_

Grade and School: \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Swimmer's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Allergies and/or Special Medical Problems**

Swimmer #1 \_\_\_\_\_

Swimmer #2 \_\_\_\_\_

Swimmer #3 \_\_\_\_\_

Swimmer #4 \_\_\_\_\_

## **Emergency contacts if we are unable to reach parents:**

Name 1 \_\_\_\_\_

Phone Number \_\_\_\_\_

Name 2 \_\_\_\_\_

Phone Number \_\_\_\_\_

**Additional Comments** \_\_\_\_\_