

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: _____

PARENT/GUARDIAN INFORMATION:

Name _____ Name _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ 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 _____