

Jewish Community Center Sailfish

New swimmer information

1st Swimmer:

Last Name _____ Legal First Name _____ Middle _____

Preferred First Name _____ Date of Birth _____ Age _____ Sex (M/F) _____

USA/AMS Member Yes ___ No ___

Swimmer Cell Phone _____ Swimmer Email _____ (US & National Group)

2nd Swimmer:

Last Name _____ Legal First Name _____ Middle _____

Preferred First Name _____ Date of Birth _____ Age _____ Sex (M/F) _____

USA/AMS Member Yes ___ No ___

Swimmer Cell Phone _____ Swimmer Email _____ (US & National Group)

Primary Contact

Last Name _____ First Name _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Email _____

Secondary Contact

Last Name _____ First Name _____

Mailing Address _____

Home Phone _____ Cell _____ Email _____

Emergency Contact (if Primary and Secondary can not be contacted)

Last Name _____ First Name _____

Home Phone _____ Cell _____