

***Email Application To:***

*Jon Cabel
Age Group Vice-Chair
Illinois Swimming*

procamp@ilswim.org

**Due: 4/22 by 12:00pm**

**INTENT TO ATTEND**

**2019 ILLINOIS SWIMMING 11-12 PRO-SERIES CAMP**

|  |  |
| --- | --- |
| ATHLETE NAME:  |  |
|  |
| ATHLETE’S USA SWIMMING ID:  |  |
|  |
| ATHLETE’S LEGAL NAME FOR TRAVEL:  |  |
|  |
|  |
| **PARENT INFORMATION** |
|  |
| MOTHER’S NAME:  |  |
|  |
| FATHER’S NAME:  |  |
|  |
| MOTHER’S EMAIL:  |  |
|  |
| FATHER’S EMAIL:  |  |
|  |
| MOTHER’S PRIMARY PHONE CONTACT NUMBER: |  |
|  |
| DAY: **(Check one)**  | CELL  |  |  | WORK  |  |  | HOME |  |  |
|  |
| EVENING: **(Check one)**  | CELL  |  |  | WORK  |  |  | HOME |  |  |
|  |
| FATHER’S PRIMARY PHONE CONTACT NUMBER:  |  |
|  |
| DAY: (Check one)  | CELL  |  |  | WORK  |  |  | HOME |  |  |
|  |
| EVENING: (Check one)  | CELL  |  |  | WORK  |  |  | HOME |  |  |
|  |
| ATHLETE’S CLUB:  |  |
|  |
| ATHLETE’S COACH:  |  |
|  |
| **ATHLETE’S T-SHIRT SIZE** |
| Check one:  | YOUTH LARGE |  | SMALL  |  | MEDIUM |  | LARGE  |  | XL |  |
| (All Sizes Adult unless noted) |  |  |  |  |  |  |  |  |
|  |
| PARENT SIGNATURE:  |  |

 ***You will only be considered if this application is received via email by the deadline of Monday, April 22, 2019 by 12:00pm.***