



LCY RIPTIDE SWIMMERS GET TO KNOW YOU SHEET

Place photo of your swimmer here. Please have the photo fit in this box. Thank you!

List your first and last name. _____

Nick Name or what you like to be called? _____

How old are you and what grade and school? _____

Favorite swim stroke? _____

What is the most challenging swim stroke for you? _____

What fun fact would you like your teammates to know about you? _____

What is your favorite food and candy? _____

What other activities do you take part in besides swimming? _____