DOLPHIN SWIM TEAM
SWIMMER INFORMATION SHEET

Swimmer's Legal Name: _____
First Middle (Full, not initial) Last

Preferred Name: _____

Mailing Address: _____
Street/Apt # City Zip

E-Mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Group: Recreation Flipper Dusky Spinner Bottlenose Pilot Whale Killer Whale

T-Shirt size: Youth: S M L XL Adult: S M L XL 2XL Age as of December 1, 2021 _____

Date of Birth: _____/_____/_____ Gender: _____ Grade: _____

Parent/Guardian (1st one listed will be used for team website registration)

Name:_____ Phone #1_____ Phone #2_____

Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Parent/Guardian

Name:_____ Phone #1_____ Phone #2_____

Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Parent/Guardian

Name:_____ Phone #1_____ Phone #2_____

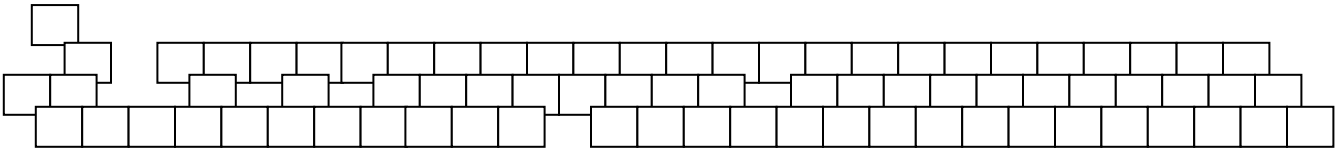
Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Physical or Emotional Issues:

Treatment Plan of Problems Listed Above:

Known Allergies:

What should your swimmer's coach know about him/her? (Please us e back for additional space)

Swimmers Physician: _____ Phone:_____

I,_____, give permission for my child to swim on the Down East Family YMCA Dolphin Swim Team and authorize my child to receive medical emergency medical care in the event of an accident or injury while participating in the Dolphin Swim Team Program. I also give permission for my child to ride on transportation provided by the Down East Family YMCA. I give the YMCA permission to publish photos or videos of my child at a DEFY event for training and/or marketing purposes. Swimmer's names will not be used with such pictures or videos without explicit parental consent.