



PROSPECTIVE SWIMMER INFORMATION FORM

Parent Name: _____

Parent Email: _____

Address: _____

Phone: _____

Swimmer Name: _____

Date of Birth and Current Age: _____

Swimming experience in years/months: _____

Other swim clubs you've participated in and length of time at each: _____

Other information we should know about the interested athlete: _____

Thank you for your interest in Motor City Aquatics. Completed forms should be emailed to Co-Registrars Felicia O'Connor and Kristin Sowle: motorcityswim@gmail.com