

CHS SWIM TEAM APPLICATION

Swimmer's Name _____ Grade _____

Address _____ Birthdate _____

Mother's Name _____

Mother's Work (Company name) _____

Father's Name _____

Father's Work (Company name) _____

Home Phone _____ Swimmer's Cell phone _____

Mother's cell phone _____ Father's cell phone _____

Mother's work phone _____ Father's work phone _____

Insurance Company / phone _____

Doctor's name _____ Dr's phone _____

Swimmer's e-mail _____

Mother's e-mail _____

Father's e-mail _____

U.S.S. Team? - Name of Coach, how many years? _____

U.S.S. Registration ID # _____ (MMDDYYFFFMLLLL)
MMDDYY (DOB) + FFF (First Name) + M (Middle Initial or *) + LLLL (Last Name)

Country Club? _____ YMCA Swim Team / Coach? _____

Lifeguard? _____ Swimming Lessons / Instructor? _____

Favorite Swimming Events (List up to 3) _____

Other Activities involved in at CHS _____

SWIMMER NAME: _____

FIRST SEMESTER SCHEDULE				SECOND SEMESTER SCHEDULE			
Period	CLASS	Room#	TEACHER	Period	CLASS	Room#	TEACHER
1st				1st			
2nd				2nd			
3rd				3rd			
4th				4th			
5th				5th			
6th				6th			
7th				7th			
8 th				8th			