

# WML SWIM TEAM SIGN-UP FORM

Swimmer's Name \_\_\_\_\_

Birthday \_\_\_\_\_

Age on June 1, 2010 \_\_\_\_\_

T-shirt size      youth SM      youth MED      youth LARGE  
adult SM      adult MED      adult LARGE

Parents' Names \_\_\_\_\_

e-mail address \_\_\_\_\_

Daytime phone # \_\_\_\_\_

Cell phone # \_\_\_\_\_

Address \_\_\_\_\_

## Informational questions:

1. Swimmer's sneaker shoe size (needed for swim fins): \_\_\_\_\_

2. Do you attend WML camp? \_\_\_\_\_

3. Can you practice at any time during the day? \_\_\_\_\_

4. If no, what days and times are you not available for practice?  
\_\_\_\_\_

5. If you know the your vacation dates for the summer, please list them here:  
\_\_\_\_\_

6. Other notes/conflicts:  
\_\_\_\_\_

## Emergency Information:

Other person to contact in case of emergency: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Any other emergency information (allergies, etc)  
\_\_\_\_\_

SIGNATURE (Parent/Guardian): \_\_\_\_\_