

Junior / Masters/ Swim Lessons Swimmer's Information

I'm a Parent or Masters Swimmer (Circle one)

Swimmer's Name: _____

Address: _____

Age: _____ M / F
(circle one)

Do you have any health issues that your coach should be aware of? Y / N

If yes, please explain briefly _____

If yes, do you have a doctor's release to swim? Y / N

E-mail: _____
(Please print clearly)

Cell Phone: _____

Home Phone: _____

Please describe your swimming goals. (ie, What are you training for?...casual swim, triathlon level swim, competition swim, stay healthy)

How did you hear about JDS Aquatics? _____

I have read the rules, and I agree that my child or myself will swim at our own risk.

Signature

Print Name

Date