

**BROOKHAVEN SWIMMING TEAM**

*COACHES INFORMATION FORM*

Athlete Last Name: \_\_\_\_\_

Athlete First Name: \_\_\_\_\_

Athlete Gender (M/F): \_\_\_\_\_

Athlete Age: \_\_\_\_\_

Athlete DOB (MM/DD/YY): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Are you a current member of another swimming club(s)/team(s) (Y/N) \_\_\_\_\_

If yes, please name the club(s)/team(s) \_\_\_\_\_

Have you ever been a member of another swimming club(s)/team(s) (Y/N) \_\_\_\_\_

If yes, please name the club(s)/team(s) \_\_\_\_\_

Does the athlete have a serious medical condition that the coaches/guards need to be made aware of? (Y/N) \_\_\_\_\_

If yes, please state the medical condition:

\_\_\_\_\_  
\_\_\_\_\_

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

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

Parent/Guardian Cell #: \_\_\_\_\_

\*\*\*Parent/Guardian Email address (that you frequently check) \*\*\*:

\_\_\_\_\_