



WAVES Bloomington-Normal Y Swim Team  
New Swimmer Info

*Please print clearly and complete a separate form for each child*

**Family Information**

Parent Names

Street Address

City

Zip

Telephone - mother

(h)

(w)

(cell)

Telephone - father

(h)

(w)

(cell)

Email - Primary address for your receipt of team communication  
*Please provide email address frequently checked by parent*

Email - Other email addresses to which  
you would like team communication sent

I give permission for our address, phone number,  
and family email address to be included in a team  
directory.

Yes No

I give permission for photos of my child to be  
published on the WAVES team web site.

Yes No

**Swimmer Information**

Name, first

Middle

Last

Does swimmer use a preferred name  
different from formal name? If so, what?

Swimmer's T-shirt size? Child size (6-8) (10-12) Adult size S M L XL  
*(circle one)*

Date of Birth  
*Mo/day/year*

Boy Girl *(circle one)*

Has swimmer previously  
been a member of USA Swimming? YES NO *(circle one)*

Where did your child learn to swim?  
*(Please list where swim lessons taken)*

What other swim teams has your child been a member of?

Health conditions you would like us to know about:

**Other Questions**

How did you learn about the WAVES?

Do you know families who are currently  
on the WAVES team? If so, who?

Why do you want your child to  
participate in the sport of competitive swimming?

What is it about the WAVES  
that makes you interested in  
becoming a team member?

*Thank you for taking the time to give us your information.*  
Please Return Completed Form to Head Coach Charlie Yourd