

New Swimmer Info Form

WAVES swim team

www.bnywaves.org

Please print clearly. 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.

1. **Bring completed form** to first WAVES practice.
2. **Give to WAVES coach** before your swimmer gets in water.
3. **Get your practice squad assignment** from coach following skills assessment.
4. **Attend WAVES practices**, have fun, make friends, learn skills, get FAST!