



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 Charles Yourd**