

SwimTech

STUDENT INFORMATION SHEET

DATE: _____

PARENT NAME: _____

STUDENT NAME: (LAST) _____ (FIRST) _____ (MI) _____

AGE: _____ BIRTHDAY: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELLPHONE: _____ EMAIL: _____

EMERGENCY CONTACT: Name: _____ Phone: _____

Relation to Participant: _____

HOW DID YOU LEARN ABOUT SWIMTECH ? (Circle/describe any that apply)

WORD OF MOUTH (Person who referred you?) _____

NEWSPAPER / MAGAZINE (Name of publication?); INTERNET (Website?)

OTHER _____

• **SIGN UP FOR (Circle any that apply):**

INFANT/TODDLER PROGRAM; LEARN-TO-SWIM (4-8 YEARS); JUNIOR TEAM / PRE-COMPETITIVE; STROKE
EFFICIENCY / COMPETITIVE; ADULT LEARN-TO-SWIM; ADULT IMPROVEMENT; OPEN WATER;
WORKSHOP _____

Private Semi-private Group

Goals/ Skill Level/ Availability/ Past & Current Experiences:
