

**Salem High School
Swimmer Information**

Name: _____ ID number: _____

Contact information

Street address: _____ Zip code: _____

Cell Phone: _____ E-mail address: _____

Mother/Guardian information

Father/Guardian information

Name: _____

Name: _____

Cell phone: _____

Cell phone: _____

Home phone: _____

Home phone: _____

E-mail: _____

E-mail: _____

Live with: _____ yes _____ no

Live with: _____ yes _____ no

Emergency Contact information

Name: _____

Name: _____

Cell phone: _____

Cell phone: _____

Home phone: _____

Home phone: _____

Relationship: _____

Relationship: _____

Emergency Treatment information

Insurance Provider: _____

Policy number: _____

Group number: _____

Physician: _____

Phone: _____

Personal information

Is there any special information (health or other) of which coaches need to be aware?

List and explain any extracurricular activities or jobs that might interfere with attendance at practice or mandatory Thursday afternoon study hall.

What is/are your favorite stroke(s)?

What are your favorite events to swim?

What goals have you set for yourself for this season?

	<u>Course</u>	<u>Teacher</u>	<u>Current Average</u>
1 st period	_____	_____	_____
2 nd period	_____	_____	_____
3 rd period	_____	_____	_____
4 th period	_____	_____	_____
5 th period	_____	_____	_____
6 th period	_____	_____	_____
7 th period	_____	_____	_____
8 th period	_____	_____	_____