



FAMILY INFORMATION FORM

Swimmer(s): _____

Parent/Guardians: _____

Address: _____

City, State, Zip: _____

Cell Number: _____ Email: _____

Second Parent if not living with both (and both will need to be contacted):

Parent/Guardians: _____

Address: _____

City, State, Zip: _____

Cell Number: _____ Email: _____

Do you have competitive swimming experience? Y or N

If so, what is your favorite stroke or event? _____

What are your child's goals for the DANY Dolphins Swim Team Program? _____

Do you have any special talents that might be beneficial to the program (certified official, web designer, advertising, etc.)?

Do you own or work for a business that might be interested in sponsoring the team? Y or N

If yes, contact: _____