

WATER WORKS 2

*** Information Sheet***

Today's date: _____

Swimmer's Name: _____

Street Address: _____

City: _____ Zip Code: _____

Birthday (month/day/year): _____ Age: _____

e-Mail: _____

Parents Name: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Any swimmers medical conditions: _____

Swimming experience: _____

Purpose & Goals swimmer has:
