STUDENT INFORMATION

Student Name:_____(_____)
First Middle Last Preferred Name

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

DOB: _____/_____/_____ **Age:**_____ **Gender:**_____ **Grade:**_____ **School:**_____

Swimming Ability (circle one): None Beginner (Very Little) Moderate (Okay/Good) Advanced (Excellent)

Grown Up 1:_____ **Relationship to Student:**_____
(This Grown Up will be our first point of contact for questions, updates, payments, etc)

Best Contact Number: _____ **Email Address:**_____

Preferred method of contact (circle one): E-mail Phone Call Class Dojo Messaging **Other:**_____

Grown Up 2:_____ **Relationship to Student:**_____

Best Contact Number: _____ **Email Address:**_____

Preferred method of contact (circle one): E-mail Phone Call Class Dojo Messaging **Other:**_____

Are there any custody or familial issues that would be helpful for the staff to know? ___YES ___NO
If YES, please explain:

_____

_____

Additional Authorized Pick-Ups:

Name:_____ **Contact Number:** _____ **Relationship:**_____

Name:_____ **Contact Number:** _____ **Relationship:**_____

Name:_____ **Contact Number:** _____ **Relationship:**_____

Name:_____ **Contact Number:** _____ **Relationship:**_____

Name:_____ **Contact Number:** _____ **Relationship:**_____