Five Star Swim Club New Swimmer Questionnaire

Parents N	ames:	
Phone:		Email:
School Di	strict:	
1 st Swimn	ner Information	
	Full Name:	
	Birthdate:	_ Grade:
	Competitive Swimming Experience:	
	Other Activities Participating in During the School Year:	
	Number of Practices Planning to Attend Each Week:	
2 nd Swimr	mer Information	
	Full Name:	
		_ Grade:
	Competitive Swimming Experience:	
	Other Authorities Production to the Colorad Visco	
	Other Activities Participating in During the School Year: _	
	Number of Practices Planning to Attend Each Week:	
3 rd Swimn	ner Information	
	Full Name:	
	Birthdate:	
	Competitive Swimming Experience:	
	Other Activities Participating in During the School Year:	
	Number of Practices Planning to Attend Each Week:	