

Five Star Swim Club New Swimmer Questionnaire

Parents Names: _____

Address: _____

Phone: _____ Email: _____

School District: _____

1st Swimmer Information

Full Name: _____

Birthdate: _____ Grade: _____

Competitive Swimming Experience: _____

Other Activities Participating in During the School Year: _____

Number of Practices Planning to Attend Each Week: _____

2nd Swimmer Information

Full Name: _____

Birthdate: _____ Grade: _____

Competitive Swimming Experience: _____

Other Activities Participating in During the School Year: _____

Number of Practices Planning to Attend Each Week: _____

3rd Swimmer Information

Full Name: _____

Birthdate: _____ Grade: _____

Competitive Swimming Experience: _____

Other Activities Participating in During the School Year: _____

Number of Practices Planning to Attend Each Week: _____