

# Pope Swimming Athlete Information Form

PLEASE PRINT CLEARLY

Name (please use full legal name)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Nickname or name you go by: \_\_\_\_\_

Birthday \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grade      9                      10                      11                      12

Homeroom Teacher \_\_\_\_\_

Current Physical Complete?      YES                      NO

Did you pass 5 of 6 classes last semester?      YES                      NO

Swimming Experience (circle all that apply)

USS              Summer League              YMCA                      High School              stroke/turn clinic

Are you currently a USS Swimmer/Diver?      Yes                      No

Phone Numbers

Home \_\_\_\_\_

Cell (if you have one) \_\_\_\_\_

Print clearly!!!!

Email \_\_\_\_\_

Short sleeve T-Shirt size:              small              medium              large              x-large

Long sleeve T-shirt size:              small              medium              large              x-large