

2024 Southern Hills Swim Team Information Form

Last Name: _____

Parent First Names: _____

Parent Phone Numbers: _____

Please list the best contact first.

Parent email: _____

I will email you frequently. Please list all email address you would like notices to reach.

Swimmer Name	Sex	Birth date	Age (as of 6/1/24)	Practice Group

Practice Groups are: Spinner 8:30-9:30, Bottlenose 9:30-10:15, Spotted 10:15-11:00.

Please describe any medical conditions for your swimmer(s) of which the coaches should be aware.

