

SALINA AQUATICS CLUB SWIMMER INFORMATION SHEET

We communicate mostly by email and website. If you do not have access please indicate below so paper copies can be sent to you.

I do not have email or internet access:_____

Please fill out the following information, one per swim family.
Fill out as much information as you want. This is for SAC use only.

Parent/guardian names:_____

Address:_____

Phone Home:_____ cell:_____

Parent work phone(s):_____

Parent email:_____

Secondary contact(s) names:_____

Address:_____

Phones:_____

Email:_____

Swimmer name:_____ phone:_____

Swimmer email:_____

Swimmer name:_____ phone:_____

Swimmer email:_____

Swimmer name:_____ phone:_____

Swimmer email:_____

Preferred practice location: South High 6:00-8:00 or YMCA 3:00-5:00 or both