



SWIM BUDDY INFO SHEET

SWIMMER INFORMATION

Swimmer's Name: _____ Gender: M / F Birthday: _____
 Grade: _____ School: _____
 Swim Group: Pre-Comp. Bedrock Foundation Cornerstone Keystone Spire
 Favorite Swim Stroke _____ Least Favorite Swim Stroke _____
 Favorite Food _____
 Favorite Song _____ Favorite Movie _____
 Favorite Candy _____ Favorite Hobby _____

SWIM BUDDY INFORMATION

(NEW) Is there anyone you'd like to be matched up with for a "Swim Buddy" for a new swimmer?
 (If you don't know, we will assign someone to you.)

(RETURNING) Are you interested in being a "Swim Buddy" for a new swimmer? Yes No

PARENT INFORMATION

Parent/Guardian Name _____
 Home # _____, Cell # _____, Email Address _____
 What is the best way to get ahold of you? Home Cell Email
 What is the best time of day to get a hold of you? _____
 Parent/Guardian Name _____
 Home # _____, Cell # _____, Email Address _____
 What is the best way to get ahold of you? Home Cell Email
 What is the best time of day to get a hold of you? _____

PERMISSION

- YES, I give permission for LST to photograph my son/daughter during LST activities, practice or swim meets. These photos are used by LST to promote and honor our swimmers and program.
- NO, I do not want my son/daughter to be photographed by LST.

Signature _____

- YES, I give permission for the above family information to be published in the LST Directory.
- NO, I do not want the family information to be published in the LST Directory.

Signature _____

