



# WISC Team Communication Form

## Swimmer Info:

Name: \_\_\_\_\_

Age (as of May 30, 2017): \_\_\_\_\_

Waiver Completed? YES / NO

T-Shirt Size (Specify adult or youth): \_\_\_\_\_

Contact Number (if available): \_\_\_\_\_

## Parent Info:

Guardian #1: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian #2 (if applicable): \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

### OFFICE USE ONLY

Meets volunteered for:

Age group practice:

Received T-shirt & Cap: