

SWIM TEAM DIRECTORY

There will be a Sharks' Swim Team Address and Telephone Directory printed this year. Please complete **only** the information below that you would like **included** in this directory.

Swimmer's Name: _____

Practice Group: _____

Mother's name: _____

Father's name: _____

Address: _____

Home Telephone: _____

Mother's cell phone: _____

Father's cell phone: _____

PARENTAL CONSENT AGREEMENT

_____ I/WE GRANT permission for a photo/image that includes this swim team member with or without any other personal identifiers to be published on the swim team website or printed media.

_____ I/WE DO NOT GRANT permission for a photo/image that includes this swim team member with or without any other personal identifiers to be published on the swim team website or printed media.

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to swimmer: _____

Date: _____

PLEASE RETURN THIS TO THE SHARKS SWIM TEAM CABINET