

DOUGLAS DOLFIN SWIM TEAM

SWIMMER UPDATE FORM

Date form completed: ____ / ____ / ____

Swimmer full name: _____ D.O.B.: ____ / ____ / ____

TO BE COMPLETED BY SWIMMER/PARENT/GUARDIAN:

request temporary inactive status for whole month(s) of: _____

change / correct mailing address: _____

add / remove / change e-mail address: _____

add / remove / change phone: (_____) _____ - _____ circle: home / work/ cell

change contact preferences (circle): e-mail newsletter (yes / no)

e-mail billing (yes / no) share e-mail/phone with other members (yes / no)

other change: _____

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN NAME (print): _____

TO BE COMPLETED BY COACH:

permanent inactive status starting (month): _____

change practice group from: _____ to: _____

starting (month): _____

other change: _____

COACH SIGNATURE: _____

ROUTING: roster ____ billing ____ newsletter ____ meets ____ coach ____
(first recipient please check all applicable; each recipient initial and pass along when processed)