



ATHLETE QUESTIONNAIRE

Athlete Name: _____

Athlete Age: _____

Athlete Swimming Ability: *(Beginner, Age Group, Senior ...)* _____

1. What days of the week will you be at practice? *(Check all that apply)*

Ages 8 & up		Ages 9 & up	
Two days:	Hours:	Four days:	Hours:
M & W	<input type="checkbox"/> 4:00-4:45 pm	M-Th	<input type="checkbox"/> 3:30-5:00 pm
T & Th	<input type="checkbox"/> 4:00-4:45 pm		
M-Th	<input type="checkbox"/> 4:00-4:45 pm		

Comments or Concerns: _____

2. Do you wish to participate in swim meets? Y N

If yes, how often?

- 1 x per month
- Quarterly
- Semi-annually
- Summer only

3. Are you a current member of USA Swimming? Y N

If yes, what is your USA Swimming #: _____