

LAPS Personal Information Sheet

Name: _____

Phone: _____
Home

_____ Cell

Address: _____
Street

_____ City, State Zip

eMail: _____

USMS #: _____

Please provide emergency contact information below:

Name: _____

Phone: _____

Relationship: _____

Today's Date: _____

Periodically, the team roster is updated and e-mailed to all registered swimmers.

If there is any of the above information that you do not want included on the team roster, please mark an "" next to that item.*