

Tampa Bay Synchrays Athlete Information Sheet

Athlete's Name: _____

Parents Names: _____

Athletes Birthdate: ____/____/____ Competitive Suit Size: ____ Shirt Size: ____

Contact Phone Numbers: _____

Contact Email: _____

Address: _____

May we display this athletes photo on the website or newspaper?

Posed: YES NO

Action: YES NO

In case of an emergency do we have permission to treat this athlete? YES NO

Athlete's Injuries, Allergies, Etc.: _____

Additional Questions or Concerns: _____
