

## COSST APPLICATION

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PARENT/GUARDIAN NAMES: \_\_\_\_\_

ADDRESS : \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### SWIMMER'S INFORMATION:

1. NAME (with middle initial): \_\_\_\_\_
2. BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_
3. SCHOOL: \_\_\_\_\_
4. MEDICAL CONDITIONS (e.g., asthma):  
\_\_\_\_\_  
\_\_\_\_\_

### SWIMMER #2:

1. NAME (with middle initial): \_\_\_\_\_
2. BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_
3. SCHOOL: \_\_\_\_\_
4. MEDICAL CONDITIONS (e.g., asthma):  
\_\_\_\_\_  
\_\_\_\_\_

### SWIMMER #3

1. NAME (with middle initial): \_\_\_\_\_
2. BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_
3. SCHOOL: \_\_\_\_\_
4. MEDICAL CONDITIONS (e.g., asthma):  
\_\_\_\_\_  
\_\_\_\_\_