

COSST APPLICATION

PARENT/GUARDIAN NAMES: _____

ADDRESS (with zip): _____

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: _____

3. SCHOOL: _____

4. MEDICAL CONDITIONS (e.g., asthma):

SWIMMER #2:

1. _____

2. _____

3. _____

4. _____

SWIMMER #3:

1. _____

2. _____

3. _____

4. _____