



JAMES L. MCKEOWN
BOYS & GIRLS CLUB
OF WOBURN

Lucky's Lobsters Evaluation Contact Sheet

Swimmer's Name: _____

Swimmer's Age: _____ Swimmer's Date of Birth: _____

Known Medical Conditions or Allergies: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian E-Mail Address: _____

Please print neatly. If we cannot read your e-mail address, you might not receive communication about the next steps in joining the team.

OFFICE USE ONLY

Day/Time of Evaluation: _____

Recommended Group: _____

Other Notes/Comments:
