**Franklin Glen Gators GATORAIDE Application**

Name:

Age:

Grade you are entering in September:

Email Address:

Address:

Home Phone:

Cell Phone:

Number of years as a Gator:

Number of years as a Gatoraide:

Please list your swimming experience/experience coaching and/or working with children:

Why do you want to be a Gatoraide?

What are two things you love most about the Franklin Glen swim team?

Please list all schedule considerations, potential conflicts, camps, other jobs, etc. that may conflict with the swim practice schedule (both afterschool and morning practices and swim meets).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_