MIDDLETOWN RECREATION SWIM TEAM (MRST)
P.O. Box 762
Middletown, New York 10940
2010-2011 Season

ALTERNATE SPORT VERIFICATION

Please complete in its entirety

SWIMMERS NAME: _____
Last **First** **Middle**

GRADE: _____ SCHOOL ATTENDING: _____

ALTERNATE SPORT: _____

DURATION OF SPORT: _____

PARENT SIGNATURE: _____ DATE: _____

COACH'S NAME: _____

COACH'S SIGNATURE: _____ DATE: _____

This form is to be used by swimmers in grades 7-12 that reside in the Enlarged City School District of Middletown that participate in a Middletown School District sponsored sport.