

## WORKOUT GROUP TRANSFER

Participant Name (please print):	
AGE G	<u>ROUP</u>
Existing Workout Group:	
New Workout Group:	Start Date:
Coach's Signature:	Today's Date
*Parent & Athlete have been previously not	
MAST	<u>rers</u>
Existing Workout Group:	
New Workout Group:	Start Date:
Participant's Signature:	 Today's Date
Completed forms can be submitted via:	,
• In person to FLAC clerical staff Cheryl Dodson & Jan	nelle Brown on duty during their shifts at Riverland & Cart

Scanned and Emailed to: <u>jstafford@fortlauderdale.gov</u> & <u>dthompson@fortlauderdale.gov</u>

pools

OR