

Sharks Swim Team Try-outs

****Please Print Neatly****

Swimmer Info

Name: _____
 First Middle Last

Date Of Birth: _____ Age: _____

Address: _____
 Street City State Zip

Home Phone Number: _____

Are you currently registered with US Swim? Yes No

If yes, what team are you registered under _____

Parent 1

Name: _____

Cell: _____

Email: _____

Parent 2

Name: _____

Cell: _____

Sharks Swim Team Try-outs

Email: _____

For Coach Use Only

	Beginner 1		Novice 1		Age Group 1
	Beginner 2		Novice 2		Age Group 2

	Senior
	Senior Elite

25 **Free:** _____ **Back:** _____

50 **Free:** _____ **Back:** _____ **Breast:** _____ **Fly:** _____

100 **Free:** _____ **Back:** _____ **Breast:** _____ **Fly:** _____