



**SWIM TEAM
Try Out Application**

Today's Date ____/____/____

Swimmer's Last Name: _____ **First:** _____ **MI:** _____

Birthdate: ____/____/____ **Gender:** M / F **Age:** ____ **Home Phone:** _____

Primary email address: _____

Mother's name: _____ Father's name: _____

Mother's cell phone number _____ Father's cell phone number _____

Mother's email address _____ Father's email address _____

Home Address _____

City: _____ State: _____ Zip Code: _____

School _____ Grade: _____

Ethnicity? (Optional) _____ Disability: YES: __ NO: __ If yes, in what way? _____

List any physical restrictions/Allergies: _____

Which Learn-To-Swim program did your child attend (if any)?: _____

Any previous Competitive Swimming Experience?: Yes: ____ No: ____ How many years?: _____

If YES, and on Summer Club Team, please indicate name of team here: _____

If YES, and on a USA Swim club or YMCA club, please indicate name of team here: _____

Date last represented that team: ____/____/____

How did you hear about ZEUS?: _____

ABOUT ZEUS

Mission Statement

The **Zeus Swim Team** develops and supports a diverse community of competitive youth swimmers who gain lifelong skills and overall health and wellness through active lifestyles in a family-focused team environment.

RELEASE

The undersigned hereby agree to assume responsibility and hold **Velo-CT** its agents, representatives, servants and employees, harmless from and against any and all liabilities, losses, damages, claims and injuries to persons or property resulting from, arising out of, related to or connected with my participation in the **ZEUS SWIM TEAM** program sponsored by the **Connecticut Aquatics**. I hereby, for myself, my heirs and assigns, forever discharge **Velo-CT**, it's representatives, officers, agents, and employees, from all claims, damages and causes of action which I may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages I may sustain by reason of my participation in the above described program.

Signature of Parent: _____ Date: _____

**8 Willard Rd, Norwalk, CT 06851
203-202-8081 www.zeusswimteam.org**