

# Nebraska Aquatics

## Evaluation Form

Date of Evaluation: \_\_\_\_\_

Swimmer's Age: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Nebraska Aquatics?

I am the parent/guardian of the above named child and give permission for them to participate in the Nebraska Aquatics evaluation.

\_\_\_\_\_  
Sign Here