

# BLUE WAVE SWIM TEAM Tryout Form

Swimmer information please print clearly (Please bring with you to tryout)

Swimmers name \_\_\_\_\_

Date of birth (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ M/F (circle one)

Grade in school fall 09 \_\_\_\_\_ School \_\_\_\_\_

### Previous experience:

Summer League Club: \_\_\_\_\_ High School: \_\_\_\_\_

# of summers \_\_\_\_\_ # seasons \_\_\_\_\_

USA swimming # of full seasons \_\_\_\_\_ Team name & LSC \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address \_\_\_\_\_

Are you a resident Ashburn Village? Yes / No (circle one)

Reason for wanting to join BLUE WAVE \_\_\_\_\_

\_\_\_\_\_

Do not fill out below this box

## For Coach Use Only

Recommended squad placement \_\_\_\_\_ date \_\_\_\_\_

Free \_\_\_\_\_

Back \_\_\_\_\_

Breast \_\_\_\_\_

Fly \_\_\_\_\_

Comments

\_\_\_\_\_

\_\_\_\_\_