

MARKHAM AQUATIC CLUB

BUILDING A TRADITION OF EXCELLENCE

TEAMWORK | COMMITMENT | INTEGRITY | DEVELOPMENT | LEADERSHIP | EXCELLENCE

ASSESSMENT INFORMATION

FOR: 2018 - 2019 MAC Swim Season

SWIMMER INFORMATION-- PLEASE PRINT CLEARLY | PLEASE BRING FORM WITH YOU TO ASSESSMENT

Swimmers Name: _____

Male / Female _____ Date of Birth: _____
Month/ Date/Year

Parents' Names _____

Mailing Address _____

Home Phone # _____ Cell # _____

E-mail Address _____

Reason for wanting to join MAC _____

Where did you hear about us? _____

Swimming Experience _____

Signature _____ Date: _____

For Coach Use Only

Group Placement _____ Date _____

Free _____

Back _____

Breast _____

Fly _____

Comments _____

