

Welcome to the Falls Aquatic Swim Team (FAST) Try-outs

Please fill in the information below and turn it in at the pool

You will be given a short swim test to determine your ability and the coach will then assign you to a swim group. You will be given 2 weeks to decide whether or not to join the team. We hope you enjoy your trial period with us, and hope to see you on a regular basis.

FALLS AQUATIC SWIM TEAM

TRY-OUTS

SWIMMER INFORMATION:

Swimmer's Name: _____ Age: _____ Sex: M F
(last name) (first name) (MI)

Address: _____
(street) (city) (state) (zip)

Email Address: _____

We will use your email address to make sure you receive team emails during your tryout period.

Phone : _____
(home) (cell)

Birth Date : ____/____/____ Grade in school : _____

Please list any medical problems that the coach should be aware of: (Allergies, asthma, seizures, etc)

Please list any swimming lessons your swimmer has been involved in, and for how long :

PARENT INFORMATION :

Name(s) of Parent(s) : _____

In consideration of the acceptance of this try-out, I/we, the undersigned parent/guardian, hereby, for ourselves, our heirs, administrators, assigns, release and forever discharge any and all rights and claims for damages I/we have against the Falls Aquatic Swim Team, the Great Falls School District, the Great Falls High School Bison Pool, the Great Falls City Natatorium, their agents, representatives, successors or assigns for any and all injuries arising out of travel to and from, or participating , these practices. It is agreed that the registrant shall be responsible for any damages caused to facilities or equipment.

Signature : _____ Date : _____

(Please do not write below this line)

Date of first try-out : _____

Coach comments and recommendations :

J? ____ SC ____ G1 ____ G2 ____ BD ____ EM ____