

# HAMILTON Y AQUATICS CLUB

[www.hamiltonaquatics.com](http://www.hamiltonaquatics.com)

## Try-Out form

Level Trying Out for: **Marlins** **Dolphins** **Age Group** **Seniors**

*(please circle which group you would like to be considered for)*

Name \_\_\_\_\_ Age \_\_\_\_\_

(First Name) (Middle Name) (Last Name)

Birthdate \_\_\_\_\_ School Fall 2017 \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ \*primary contact Mom \_\_\_\_\_ or Dad \_\_\_\_\_

Father Name \_\_\_\_\_ Cell # \_\_\_\_\_ Father Email \_\_\_\_\_

Mother Name \_\_\_\_\_ Cell # \_\_\_\_\_ Mother Email \_\_\_\_\_

Swimmers Cell # \_\_\_\_\_ Swimmers Email \_\_\_\_\_

\*How did you here about HACY? \_\_\_\_\_

Friend (name of friend) \_\_\_\_\_ Parent of friend \_\_\_\_\_

Web Site \_\_\_\_\_ Other (specify) \_\_\_\_\_

If new to the team, please provide us with your best times by distance and stroke:

Free \_\_\_\_\_ Backstroke \_\_\_\_\_

Breast \_\_\_\_\_ Butterfly \_\_\_\_\_

IM \_\_\_\_\_

Previous Swim Experience: \_\_\_\_\_

Are you currently registered with another team: \_\_\_\_\_ team name \_\_\_\_\_

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For Coaches Try-Out use only: (Stroke) (Turn) (Start)

Freestyle

Back

Breast

Fly