

Hamilton Y Aquatics Club
www.hamiltonaquatics.com

Try out Form

LEVEL TRY OUT please circle: Age group Seniors

NAME _____ AGE _____

BIRTHDATE _____ SCHOOL _____ GRADE _____

ADDRESS _____

PHONE # _____ Cell # _____

EMAIL _____

PREVIOUS SWIM EXPERIENCE

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FOR TRYOUT COACHES

STROKE

TURN

FREESTYLE

BACKSTROKE

BREASTROKE

BUTTERFLY

START

ENDURANCE