

Hamilton Y Aquatics Club
www.hamiltonaquatics.com

Try out Form

LEVEL TRY OUT please circle: Marlins Dolphin Age group Seniors

NAME _____ AGE _____

First Name (Full) Middle Name Last Name

BIRTHDATE _____ SCHOOL _____ GRADE _____

ADDRESS _____

Home PHONE # _____

Father Cell # _____ Mother Cell # _____

Father Email _____ Mother Email _____

Swimmer Email _____ Swimmer Cell _____

PREVIOUS SWIM EXPERIENCE

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FOR TRYOUT COACHES

STROKE

TURN

FREESTYLE

BACKSTROKE

BREASTROKE

BUTTERFLY

START

ENDURANCE