

HAMILTON Y AQUATICS CLUB

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 2018** _____ **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