



LAKESIDE AQUATIC CLUB – SWIMMER EVALUATION & PLACEMENT

PLEASE PRINT LEGIBLY OR WE WILL BE UNABLE TO CONTACT YOU

Swimmer Information:

Last Name: First Name: Middle:

Gender: Male Female Date of Birth: Age:

Is there a sibling already a member of LAC? Name: Practice Group:

Previous Swimming Experience: Did you ever swim for a **USAS Club**? no yes USAS#:

Name of Club: City/ST: Year(s):

Name of Club: City/ST: Year(s):

Parent / Guardian Information

Last Name: First Name: Cell:

Street Address:

City: ST: Zip Code:

Primary email:

*** Evaluator Assessment Notes ***

Location: Name of Evaluation Coach:

Freestyle:

Backstroke:

Breaststroke:

Butterfly:

Placement: Lessons Red Black Competitive_____ Now Waitlist No appropriate group for age/ability

Office Use Only

Sent Docs: Rec'd Docs/Pmt

USAS Batch & Date: SetUp Complete