



LAKESIDE AQUATIC CLUB – SWIMMER EVALUATION & PLACEMENT

*** PLEASE PRINT LEGIBLY OR WE WILL BE UNABLE TO CONTACT YOU ***

Tryout Location: The Colony Keller Lewisville/Flower Mound Tryout Date:

Swimmer Information:

Last Name: First Name: City of Residence:

Gender: Male Female Date of Birth: Age:

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

Previous Competitive Swimming Experience (if any – do not list swim lessons):

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

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

Did you ever swim for a **USAS Club**? no yes | USAS#: USAS exp. date:

Parent / Contact Information – we will contact you by email

** Primary email – **PLEASE PRINT LEGIBLY** **:
(please pay special attention to r/v, 0/0, L/1, 5/S, etc)

Last Name: First Name: Cell:

*** Evaluator Assessment Notes & Recommendation ***

Location: Name of Evaluation Coach:

Freestyle:

Backstroke:

Breaststroke:

Butterfly:

Stroke School Training Group

Competitive Team Training Group

Now Wait List Now Wait List

Needs to start in Lesson Program

No appropriate training group for this swimmer's age and ability

Parent / Guardian – Please complete this section only