



Olympic Cascade Aquatics Tryout Form

Swimmer information please print clearly

Swimmers name _____

Date of birth (mm/dd/yy) _____ Age _____ M/F (circle one)

Grade in school Fall '19 _____ School Attending in Fall _____

Previous experience:

Summer League Club: _____ # of summers _____

High School: _____ # seasons _____

USA swimming # of full seasons _____

Team name & LSC _____

Contact Information: (PLEASE PRINT CLEARLY)

Parents' names _____

Mailing Address _____

Home phone # _____ Cell # _____

E-mail address _____

Reason for wanting to join OCA _____

Do not fill out below for Coach use only

Recommended group placement _____ date _____

Free _____

Back _____

Breast _____

Fly _____

Comments _____