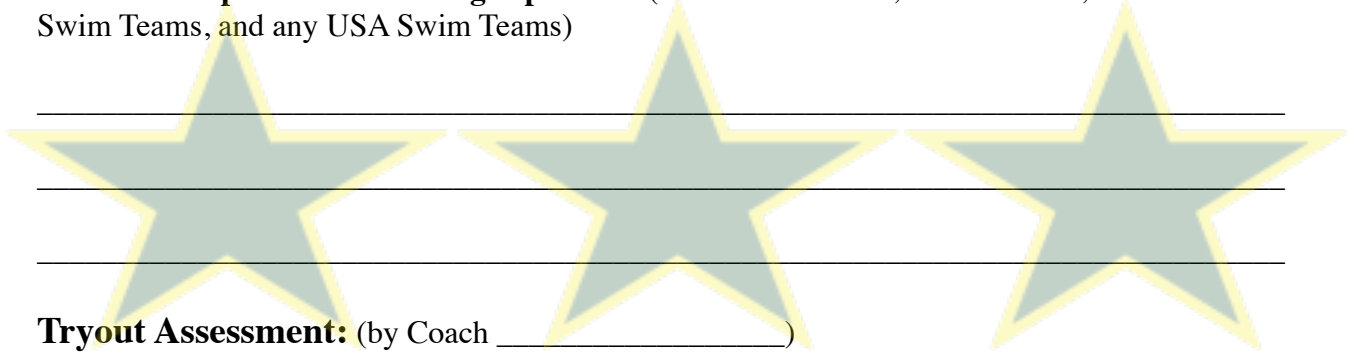


DC Wave Tryout Form

Please print and fill out the top part of this form and bring it to your scheduled DC Wave Swim Team Tryout. If you have any questions please email Coach Mary (mary.woodward@dc.gov)

Swimmer's Name: _____ **Swimmer's Age:** _____

Please list all previous swimming experience (i.e. Swim Lessons, Junior Waves, Summer Swim Teams, and any USA Swim Teams)



Tryout Assessment: (by Coach _____)

Freestyle Notes: _____

Backstroke Notes: _____

Breaststroke Notes: _____

Butterfly Notes: _____

Interval Notes: _____

Additional Notes: _____

Level/Program Recommendation:

- | | | | |
|---------------|------------------|--------------|-------------------------|
| Learn-to-Swim | Developmental I | Age Group I | High School/Summer Prep |
| Junior Waves | Developmental II | Age Group II | Age Group Select |