



New Swimmer Evaluation Form 2019-20 Season

Swimmer's Name: _____

Age: _____

Gender (M/F) _____

Parent's/Legal Guardian's Name: _____

Phone #: _____

Email: _____ (please print clearly)

Swimming Experience:

How did you hear about SASO:

As the parent/legal guardian of the swimmer listed above, I authorize the swimmer to participate in SASO activities and release the Club, its Board of Directors, coaches and volunteers from any and all claims which may arise by reason of the Swimmer's participation in SASO activity.

Signature: _____

Date: _____

To be filled out by SASO Coach only

Recommended Group: _____ Coach Initials: _____