Victory Aquatics Team "Thunderbolts"
Team Try-Out Form

I. Identifying Information

Swimmer's Full Name _____

Age: _____ Birthday: ___/____/____ Sex: ☐ Female ☐ Male

Parent/ Guardian's Name: _____

Telephone: _____ E-mail: _____

How Did You Hear About Us? _____

II. RELEASE OF LIABILITY

_____ ⇦ **(Initial here)** I hereby release Victory Aquatics Team "Thunderbolts", its employees, officers, directors and volunteers and any facility used by Victory Aquatics Team, from any liability and/or negligence for injury to the swimmer which may occur; whether arising from participation in swimming activities or not of the Victory Aquatics Team swim programs, including but not limited to premise liability, practices, meets, travel trips, and other activities, or while the swimmer is using facilities owned, leased or used by the Victory Aquatics Team.

_____ _____
Signature of Parent/Guardian Date

Tryout scheduled for: Date: _____ Time: _____

III. Placement Information (***to be completed by Coach only***)

Free: Y N _____

Back: Y N _____

Breast: Y N _____

Fly: Y N _____

Recommended Group Placement: _____
(Team group or lessons group)

Try-out Conducted by: _____

Date Try-out held: _____