



### Swimmer Evaluation Form

Swimmer's Name: \_\_\_\_\_

Swimmer's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Swimmer Primary Address: \_\_\_\_\_

Primary Email address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Previous Swimming Experience:

Lessons Only: Yes No Name of program: \_\_\_\_\_

Summer League: Yes No Name of Team: \_\_\_\_\_

USA Swimming Club Yes No Name of Club/LSC: \_\_\_\_\_

#### Coach Section: Please do not fill out

	Legal	Notes
Free		
Back		
Breast		
Fly		
IM		

#### RELEASE OF LIABILITY:

I hereby release Boise Swim Club and each of its officers, agents, and employees as well as the Boise YMCA, Snake River Swimming, Inc., and USA Swimming, their agents, employees and affiliates from all liabilities and claims for any accident during my child's participation in any part of the evaluation process/period.

\_\_\_\_\_/\_\_\_\_\_

Parent Signature

Date