NEW SWIMMER REGISTRATION / EVALUATION

PLEASE PRINT CLEARLY | PLEASE BRING THIS FORM WITH YOU TO YOUR SWIMMER'S EVALUATION

SWIMMER INFORMATION

Swimmers Name (First-Middle-Last): _____

Male / Female (circle one) Date of Birth: _____ (MM/DD/YYYY)

Parents'/Guardian'sName: _____

Home Phone #: _____ Cell #: _____

Home Address: _____

E-mail Address: _____

How did you hear about us?: _____

Prior Swimming Experience: _____

Signature: _____ Date: _____

FOR COACH USE ONLY

Date: _____ Group Placement: _____

Free: _____

Back: _____

Comments:

_____

_____

_____