

**\*\* Please complete one form for each swimmer**

## **CWAC TEAM TRYOUTS**

### **Swimmer's Information**

**Name (First, Last):** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**Most recent swimming experience/best times** (*Name of prior program, Dates attended*):

### **Family Information**

**1. Parent/Guardian Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**2. Parent/Guardian Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Does the swimmer above have siblings in Wolfpack Swim School, on CWAC, and/or another swim team?    YES    NO**

**Sibling's Name:**

**Sibling's Program/Group:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about Wolfpack Swim School/ Chicago Wolfpack Aquatic Club?**