**** 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?