

HAMILTON Y AQUATIC CLUB

www.hamiltonaquatics.com

Try-out form

Level Trying Out for: Marlins Dolphins Age-Group Seniors Not sure

(please circle which group you would like to be considered for)

Swimmer Full Name _____ Age _____
Must fill out all three (First Name) (Middle Name) (Last Name) **If no middle name, state NMN*

Birthdate _____ Current Grade _____

Address _____

Home Phone # _____ *primary contact _____

Relationship of primary contact to swimmer _____

Guardian #1 cell _____ email _____ relationship _____

Guardian #2 cell _____ email _____ relationship _____

Swimmer cell _____ email _____

*How did you hear about HAC? _____

Previous swim experience: Lessons? _____ where? _____ level _____

Prior swim team: Name _____ last date of competition _____

*Are you currently with another US/YMCA team? Name _____

If new to the team, please provide us with your best times by distance and stroke (please specify yards or meters)

Freestyle _____ Backstroke _____

Breaststroke _____ Butterfly _____

IM _____

For Coaches Try-Out use only: Stroke Turn Start

Freestyl

Back

Breast

Fly