2019 Spring Training Tryout Registration Form

(PLEASE PRINT CLEARLY)

Swimmer's Full Name:_____ M / F (circle one)

Date of Birth: (mm/dd/yy)_____ Age (as of 08/01/2019) _____

Parent's/Guardians' Names:_____

E-mail Address(print):_____

Address:_____

_____

Home Phone#:_____Cell#:_____

If in high school, school name:_____Grade_____

Please list any other swim teams:

Summer Swim Team:_____# of years_____

Winter Swim Team:_____# of years_____

Why do you want to be part of the FOBY Swim Team?_____

_____

----------*DO NOT FILL OUT BELOW THIS LINE*----------

_____

COACHES Comments: ☐ **Y** ☐ **N** ☐ **M** **PG:_____**

Stroke	Distance	Time	Notes
Free			
Back			
Fly			
Breast			
IM			

Tryout Fee Paid $_____