



Swimmer Evaluation Form

Swimmer Name:				
Swimmer Age:			Date of Birth:	
Swimmer Primary Addres	ss: _			
Primary Email Address: _				
Mother's Name:				·
			(H or W)	_(C)
Father's Name:				
Father's Phone Number:			(H or W)	(C)
Previous Swimming Ex Lessons Only:	perio Y):	
Summer League:	Υ	N	Name of Team:	
USA Swimming Club:	Υ	N	Name of Club/LSC:	
agents, and employees as and USA Swimming, their a	well a gent	as Ida s, en	release Sawtooth Aquatic Club and each of its of aho Central Aquatic Center, Snake River Swimm nployees and affiliates from all liabilities and clair on in any part of the tryout/evaluation period.	ing, Inc.,
Parent Signature			 Date	



Transferring USA Swimmers: Best times (Please fill out to the best of your knowledge)

Stroke	50	100	200	400/500
Free				
Back				NA
Breast				NA
Fly				NA
IM	NA			

Sawtooth Use Only: 8 & younger 25's of each / 9 & over 50's of each + 100 IM

Coach Section: Please do not fill out						
	Time:	Legal Stroke	Notes			
Free						
Back						
Breast						
Fly						
IM						

Group Recommendation:

Blue Bronze Senior Prep Silver Gold Senior