



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**YMCA of the Jersey Shore
SWIM TEAM TRYOUT
Background Information- Please Print Clearly**

Practice Location preference (please select one):

Red Bank _____ Camp Zehnder _____ Freehold _____ Old Bridge _____

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ **Age on 12/01/2026** _____ Gender: M / F
Month Day Year must tryout as if this age already

Address _____
Street

City _____ State _____ Zip _____

Home phone number _____

Guardian's Name: _____

Guardian's Email: _____
(Tryout results will be emailed please print clearly)

Guardian's Cell #: _____

School Child Attends: _____ Grade: _____ Town: _____

Other activities during the school year:

Summer Swim Team: _____ # of years _____

Winter Swim Team: 2024-2025 _____
2023-2024 _____

Swimming Goals: _____

How did you hear about YMCA of the Jersey Shore Swim Team? _____

**All swimmers will tryout in a freestyle event, and two other strokes of their choice.
Please indicate the strokes you want to swim by placing an "X" in the appropriate box
below. 8/under swimmers will swim 25 yards in all their strokes.**

FREE	BACK	BREAST	FLY
X			

