

# Competitive Swim Team Tryout Application

## Swimmer Information

First Name

Last Name

Date of Birth

Gender

Address

City

Zip Code

Phone Number

Email

## Parent/Guardian Information

Parent/Guardian Name

Parent/Guardian Phone

Parent/Guardian Email

## Swimming Experience

Describe your previous swim team experience or lesson level:

Best Stroke

Years of Competitive Swimming

## Medical/Emergency Information

Medical Conditions/Allergies

Emergency Contact Name & Relationship

Emergency Contact Phone

**Additional Comments**