

Youth Swimming Stroke Tryout Evaluation Form

Participant Information

Full Name

Age

Date

Evaluator/Coach

Stroke Evaluation

Stroke	Technique	Endurance	Speed	Comments
Freestyle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Backstroke	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breaststroke	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Butterfly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Comments