Training group trying out for: _____

Hamilton YMCA Aquatic Club

Try-out Application

Swimmer Name _____
First Name Middle Initial Last Name

Address _____

_____

Home Phone _____ **Cell Phone** _____

Email _____

Swimmer Birthdate _____ **Age** _____ **Current Grade** _____

Previous Swim Team _____

Coached by _____

Last Competition (date/meet) _____

Best times:

	SCY	SCM	LCM
Free			
Back			
Breast			
Fly			
IM			

After-School or Extracurricular activities (that may or may not interfere with practice schedule):

_____
Name of Activity(s) season & schedule of activity

_____
Name of Activity(s) season & schedule of activity