

**GARDEN CITY SUMMER SWIM TEAM  
2026 TRYOUT FORM**

Swimmer's Name: \_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_\_ Age (as of June 1, 2026): \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Emergency Phone Number: \_\_\_\_\_

Swim Suit Size:        22        24        26        28        30        32        34        36

T-Shirt Size (Adult Sizes):        Small        Medium        Large        Extra-Large

Please indicate if you swam on the *GC Summer Swim Team* last season:    Yes    No

Please indicate if you swam or currently swim for any of the following teams:

*GC* or Other High School Varsity    Club (*LIAC, Express, Queens*)    *CYO*    Other

**Current Times (ages 11-16 only):**

50 Free:        \_\_\_\_\_        100 Free:        \_\_\_\_\_

50 Back:        \_\_\_\_\_        100 Back:        \_\_\_\_\_

50 Breast:        \_\_\_\_\_        100 Breast:        \_\_\_\_\_

50 Fly:        \_\_\_\_\_        100 Fly:        \_\_\_\_\_

\_\_\_\_\_

**FOR COACHES:**

Fly:        \_\_\_\_\_        Breast:        \_\_\_\_\_        IM:        \_\_\_\_\_

Back:        \_\_\_\_\_        Free:        \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_