

Garden City Summer Swimming

Swimmer's Name: _____ Male / Female

Date of Birth: _____ Age (as of June 1, 2022): _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____ Please be sure this is a number at which we can contact you in case of an emergency.

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

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

_____ I want my child to swim on the "B" team even if he/she qualifies for the "A" team.

_____ I require all of my children to be on the same team.

Please indicate if you swam on a Garden City team in the past: A B N/A

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

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

Times (ages 11-16 only): _____

FOR COACHES ONLY:

Fly: _____ Breast: _____ IM: _____

Back: _____ Free: _____

Additional Comments: _____

