

# 2021 GARDEN CITY SUMMER SWIMMING

Please complete a tryout form for EACH swimmer trying out. If you have any questions, you may speak to one of our coaches.

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

Date of Birth: \_\_\_\_\_ Age (as of June 1, 2021): \_\_\_\_\_

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

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

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 2019:      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 11-17 only): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FOR COACHES ONLY:

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_