

Garden City Summer Swim Team

Swimmer's Name: _____ Male / Female

Date of Birth: _____ Age (as of June 1, 2025): _____

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

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

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: _____
