FMC Aquatic Swim Team - 2021 Long Course Season Try-Outs
Please Print Legibly

Mother or Father First and Last Name: _____

Swimmer Legal First, Middle and Last Name (if no middle name, please enter *):

_____

Swimmer Date of Birth: _____ Swimmer Age: _____

Preferred Parent Email Address: Please print legibly as this is how we will notify you of your swimmer's acceptance onto the team.

_____

Preferred Cell Phone Number: _____

Has swimmer been a member of another USA Swimming Team? _____
If yes, what team and when? _____

Is Parent a registered official with USA Swimming? If yes, what type of official? (e.g. Admin, Stroke/Turn)? _____

_____

********** Coaches' Use Only **********

Free: _____ Breast: _____

Back: _____ Fly: _____

Practice Group: _____

_____

_____

Coachable: Yes No Coach Evaluating: _____