

2020 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 or Female

Date of Birth: _____ Age (as of June 1, 2020): _____

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 need all of my children to be on the same team.

Please indicate if you swam on a Garden City team last year: A B N/A

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

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

FOR COACHES ONLY:

Fly: _____ Breast: _____ IM: _____

Back: _____ Free: _____

Additional Comments: _____
