

Sharks Team Tryout Registration Form

Swimmer's Information:

Last Name: _____ Legal First Name: _____ M.I. _____

Address Street: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

DOB: _____ Age as of 12/01/10 _____ Gender: _____

Current grade in school: _____ E-mail address(es) _____

Father's name: _____ Mother's name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Work phone #: _____ Work phone #: _____

Cell phone #: _____ Cell phone #: _____

Date that you will be attending tryouts _____

Why does your child want to be on a swim team? _____

Why does your child want to be on the Sharks swim team? _____

List all competitive swim experience, if any: _____

For office use only date: _____ received _____