



Los Altos Mountain View Aquatic Club

## TRY-OUT FORM

Date: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ Sex: M F Date of birth: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_

Swim experience (lessons, team) in the past year:

\_\_\_\_\_

Are you already a member of USA Swimming? Yes No

If yes, USA Swimming ID: \_\_\_\_\_

**Guest Swimmer Waiver of liability:** I consent to the above named person(s) participating in the swim club activities and agree on behalf of said person(s) and the undersigned that we assume the risk of accident or injuries sustained from whatever cause in connection therewith and release the Los Altos Mountain View Aquatic Club and its officers, agents, and members from any liability from any such accident or injury.

**X** Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section to be completed by Coach \_\_\_\_\_ (initials)**

Recommended group (circle one)

Beg. Tadpole    Adv. Tadpole Piranha    Tiger    Shark    Junior

Notes from Coach:

For LAMVAC records Form# \_\_\_\_\_