MONTCLAIR YMCA SWIM TEAM ADDITIONAL ATHLETE INFORMATION FORM

Swimmers who are interested in becoming members of the Montclair YMCA Swim Team are to complete the information on this card. (Print legibly)

If you are trying out for <u>Developmental Groups Only</u> (Micro, Mini or Little Dolphins or Stroke of Genius) circle this blurb!

Swimmer's Last Name_______ First Name______ M.I.____

Preferred Name______ Date Of Birth______ Age on 12/1/09_____

Athlete Phone #______ Athlete E-Mail_____

Circle: Male Female Shirt Size_____

If your swimmer is taken on the team, are you aware that he/she must attend every dual meet and auto-enter meet that the swimmer is slated to swim? Yes_____ No_____

If you have ever been registered with a U.S.A. or YMCA Swimming Team, please complete:

What team did you represent?______

Name/Date of last U.S.A. or YMCA Swimming Meet ______

Number 1 – 4 what you consider to be your <u>best</u> stroke (1 = best)

_____ Freestyle _____ Backstroke _____ Butterfly