

# MONTCLAIR YMCA SWIM TEAM 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 **clinic only** (little Dolphins or Stroke of Genius) please check here \_\_\_\_\_

Swimmer's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Age on 12/1 \_\_\_\_\_

Athlete Phone # \_\_\_\_\_ Athlete E-Mail \_\_\_\_\_

Circle: Male Female Shirt Size \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
(First) (Last) (First) (Last)

Address \_\_\_\_\_ Address \_\_\_\_\_  
(if different from above) (if different from above)

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

If your swimmer is taken on the team, are you aware that he/she must attend every dual 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 – 5 what you consider to be your **best** stroke (1 = best)

\_\_\_\_ Individual Medley \_\_\_\_ Freestyle \_\_\_\_ Backstroke \_\_\_\_ Breaststroke \_\_\_\_  
Butterfly