

Athlete Information: Last Name

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First Name

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Previous Team. if applicable:

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- 8/U SWIMMERS ARE EXPECTED TO SWIM 25 METERS OR (1) LAP
- 9/10 SWIMMERS ARE EXPECTED TO SWIM 50 METERS OR (2) LAPS
- 11/12 SWIMMERS ARE EXPECTED TO SWIM 50 METERS OR (2) LAPS
- 13/14 SWIMMERS ARE EXPECTED TO SWIM 100 METERS OR (4) LAPS
- 15+ SWIMMERS ARE EXPECTED TO SWIM 100 METERS OR (4) LAPS

IN ADDITION TO FREESTYLE, MY SWIMMER WOULD LIKE TO SWIM: (PLEASE CHECK 2 STROKES)

BREASTSTROKE (PREVIOUS BEST TIME _____)

BACKSTROKE (PREVIOUS BEST TIME _____)

BUTTERFLY (PREVIOUS BEST TIME _____)

IM (PREVIOUS BEST TIME _____)

*IF INCLUDING PREVIOUS TIMES, OFFICIAL TIMES MUST BE ATTACHED TO THIS SHEET, AS PROVIDED BY YOUR PREVIOUS TEAM. "UNOFFICIAL" TIMES CANNOT BE USED.

PLEASE NOTE THAT MCY'S POOL IS A METER POOL.

PLEASE RETURN BOTH PAGES OF THIS FORM WITH YOUR PAYMENT OF FEES.

IF YOU DO NOT SELECT STROKES FOR YOUR SWIMMER OR RETURN THIS PAGE OF THE FORM, STROKES WILL BE SELECTED FOR YOUR SWIMMER.

WE WILL NOT BE ABLE TO HONOR REQUESTS TO CHANGE STROKES SELECTED THE DAY OF TRY-OUTS SO PLEASE SELECT APPROPRIATELY.