

# Douglas Dolphins Swim Team

## SWIMMER TRYOUT APPLICATION

rev. 9/2012

Swimmer #1 (**full legal name**): \_\_\_\_\_ Date of Birth: **mm / dd / yy** \_\_\_\_\_  
*FIRST MIDDLE LAST*

preferred name: \_\_\_\_\_ school: \_\_\_\_\_ U.S. Citizen: **Y / N** gender: **M / F**

medical history / allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Swimmer #2 (**full legal name**): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*FIRST MIDDLE LAST*

preferred name: \_\_\_\_\_ school: \_\_\_\_\_ U.S. Citizen: **Y / N** gender: **M / F**

medical history / allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Swimmer #3 (**full legal name**): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*FIRST MIDDLE LAST*

preferred name: \_\_\_\_\_ school: \_\_\_\_\_ U.S. Citizen: **Y / N** gender: **M / F**

medical history / allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

PRIMARY ACCOUNT EMAIL: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous USA Swimming club (if any): \_\_\_\_\_ LSC: \_\_\_\_\_ Last meet: \_\_\_\_/\_\_\_\_/\_\_\_\_

### MOTHER / GUARDIAN

### FATHER / GUARDIAN

Name: \_\_\_\_\_

work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby request a 1-week free tryout with Douglas Dolphins Swim Team coach(s) for the swimmer(s) listed above. I understand that I must remain personally present during the entire tryout, and that my swimmer(s) are not covered by USA Swimming insurance until they become DDST members. I further understand that, if any swimmer has previously been a USA Swimming member, proof of current USA Swimming membership MUST be provided BEFORE any tryout can proceed.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_