

# X-Cel Swimming Tryout

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

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

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Swimmers DOB: \_\_\_\_\_

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

Swimming Experience (Swim Lessons, YMCA, Club, Junior High School, High School, etc.)

If Transferring from another club team, name of Team: \_\_\_\_\_

Best Times in Events:

Butterfly 25 \_\_\_\_\_ 50 \_\_\_\_\_ 100 \_\_\_\_\_ 200 \_\_\_\_\_

Backstroke 25 \_\_\_\_\_ 50 \_\_\_\_\_ 100 \_\_\_\_\_ 200 \_\_\_\_\_

Breaststroke 25 \_\_\_\_\_ 50 \_\_\_\_\_ 100 \_\_\_\_\_ 200 \_\_\_\_\_

Freestyle 25 \_\_\_\_\_ 50 \_\_\_\_\_ 100 \_\_\_\_\_ 200 \_\_\_\_\_

400 \_\_\_\_\_ 500 \_\_\_\_\_ 800 \_\_\_\_\_ 1000 \_\_\_\_\_

1500 \_\_\_\_\_

Individual Medley 100 \_\_\_\_\_ 200 \_\_\_\_\_ 400 \_\_\_\_\_

Any other information X-Cel Swimming should know about your son/daughter (allergies, medical conditions, etc.)

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