

## 2017 JCC Stingrays Swim Team Information Form

Swimmer's Name: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

T-shirt Size:

\_\_ YS \_\_ YM \_\_ YL \_\_ YXL

\_\_ AS \_\_ AM \_\_ AL \_\_ AXL

Please answer the following questions:

- Can swimmer swim 25 meters unassisted with technique?  
\_\_ Yes \_\_ No
- Has swimmer ever participated in a year round swimming program? \_\_ Yes \_\_ No  
If yes, where? \_\_\_\_\_
- Has swimmer participated on a summer swim team in the past?  
\_\_ Yes \_\_ No
- If yes, where/yr(s) \_\_\_\_\_
- Did swimmer participate in any type of swim prep or planning prior to the start of swim team? \_\_ Yes \_\_ No  
If yes, where \_\_\_\_\_
- What stroke(s) does the swimmer swim **proficiently**?  
\_\_\_\_\_ Free \_\_\_\_\_ Back \_\_\_\_\_ Breast \_\_\_\_\_ Fly

