



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SWIM TEAM TRY-OUT REQUEST FORM

[Welcome Center please put in the Aquatics Box upon completion]

Fill out this form with your full name, best phone number and email to be reached at.

PARTICIPANT NAME _____

PARENT/GUARDIAN _____

PHONE NUMBER _____ EMAIL _____

AGE _____

SWIM EXPERIENCE _____

Amanda Kasimoff
Swim Team Contact
562-309-4852
akasimoff@ymcawhittier.org

Coaches use only

Notes: _____
