FAIRPORT AREA SWIM TEAM
2009- 10

Clinic / Lesson / Try-out Information Form

To schedule tryouts & trial swim periods for swimmers aged 12 or less, contact Coach Deborah Burke at: Dburke1@rochester.rr.com. For Swimmers aged 13 & older, contact Coach Marci Callan at: Marci_Callan@Fairport.Monroe.edu. You are welcome to send the applicable coach this form via email, and the Coach will contact you about tryout dates. Once the Coach has determined the applicable level of your swimmers, we will provide you with membership options and fee information.

Name:_____
First **Middle Initial** **Last**

Address: _____

_____

Home Phone: _____ Cell: _____

E-mail:_____

Age and Date of Birth: _____

Mother & Father's Name:_____

Parent's Work Phone: _____

Alternate/Additional E-mail: _____

In consideration of the acceptance of this application, I/we hereby for myself/ourselves, my/our heirs, administrators, and assignees, waive and release any and all claims against Niagara Swimming, United States Swimming, Fairport Area Swim Team, the Fairport Central School District/Board and the Town of Perinton for injuries and/or expenses incurred by me/us at this clinic/lesson/tryout or while on the road to and from the clinic/lesson/tryout.

_____ _____
Parent/Guardian Signature Date

For FAST Use Only: Try-Out Start Date:_____ Try-Out Complete Date:_____