



ST. JOHN'S LEGENDS SWIM CLUB

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ST. JOHN'S LEGENDS Swim Club ("Club") New Swimmer Tryout Form

Please fill out/print clearly

Swimmer's Name: _____

Birthday (D/M/Y): _____

Grade: _____ Gender (M/F) _____

Parent's / Legal Guardian's Name: _____

Phone #: _____ Email: _____

Former Team / Swimming Experience: _____

As the parent/legal guardian of the swimmer listed above, I authorize the swimmer to participate in Club activities and release the Club, its Board of Directors, coaches, chaperones and volunteers from any and all claims which may arise by reason of the Swimmer's participation in Club activity.

Signature: _____ Date: _____

To be filled out by SJL Coach only:

Recommended Group: _____ Coach Initials: _____