

ESCALATE Aquatic Team Tryout/Evaluation Form

Name of Swimmer:			Date of Birth:
LAST	FIRST	MIDDLE	
Parent's Name:			
Address:			
Home Phone Number:		Cell Phone Nun	nber:
E-mail address:			
Zone to FBISD (please circle): Y	N		
Previous Experiences:			
Summer League (please circle): Y	N Nar	me of League/Team:	
Other USA Swim Team (please circle):	Y N	Name of Team/LS	C:
Group Recommendation (Coach Only)	:		
RELEASE OF LIABILITY: I hereby release employees as well as the Fort Bend Inc Swimming, their agents, employees ar my child's participation in any part of	dependent So nd affiliates fo	chool District (FBISD) rom all liabilities and	, Gulf Swimming, Inc., and USA
Parent or Guardian Signature		 Date	