



City of El Cerrito Gators Swim Club Tryout/Evaluation

Please return completed form to the coach at the time of your tryout.

Date of Tryout/Evaluation:	
Coach preparing evaluation	
Child's name:	
Parent/Guardian name:	
Secondary Parent/Guardian name:	
Email:	
Home phone:	
Cell phone:	
To be completed by Coaching Staff & returned to Stephen Dunkle, Assistant Aquatics Supervisor	
Does the child meet the minimum swimming requirements to qualify for the program? <ul style="list-style-type: none"> <i>100yds front crawl with rhythmic breathing & good body position</i> <i>75 yds backstroke</i> <i>25 yds breast stroke</i> <i>25 yds breast stroke</i> <i>Familiar with butterfly/basic ability</i> 	YES NO (doesn't qualify)
	If no, explain:
If YES, which level (circle one):	Stroke Development Junior Senior
If NO, does child qualify for Gators Pre-Team Program? <ul style="list-style-type: none"> <i>50yds front crawl with rhythmic breathing & good body position</i> <i>50 yds backstroke</i> <i>25 yds breast stroke</i> <i>Basic understanding of butterfly</i> 	YES NO (sign up for swim lessons)
	Comments:
Recommendations/Next Steps:	
Trial Week Dates:	
Registration packet due:	
Signature of Coach completing tryout:	