

ROW Swimming

Swimmer Assessment Form

Swimmers Name: _____ F ___ M ___ Age _____ Date of Birth _____

Medical Conditions/Allergies we should know about? _____

Swimming Experience: _____

Reason for wanting to join Row: _____

Which ROW program most interests you? _____

Email _____ Phone # _____

Coaches Assessment Results

	Excellent	Good	Fair	Needs Improvement	Comments
Free					
Back					
Breast					
Fly					
Start/Dive					
Flip Turns					

Coaches Suggested Placement TOP BRZ2 BRZ1 SILVER2 SILVER1 GOLD2 GOLD1 SR3N SR3C SR2 SR1

Coaches Signature _____ Date: _____

Detach below and attach cheque for payment of program

Region of Waterloo Swim Club

420 Weber St N, Suite 103, Waterloo, Ontario N2L 4E7

Phone: 519 885 1310 Email. office@rowswimming.ca

Swimmer Name: _____

Group Placement Suggestion

TOP BRZ2 BRZ1 SILVER2 SILVER 1 GOLD2 GOLD1 SR3N SR3C SR2 SR1