MILPITAS Recreation Services

City of Milpitas

Milpitas Tidal Waves Registration Pre-Test

Date_____

Developmental Group

Skills	Circle One
4 Laps Freestyle	Satisfactory Unsatisfactory
2 Laps Breaststroke	Satisfactory Unsatisfactory
2 Laps Backstroke	Satisfactory Unsatisfactory

First Name:_____ Last Name:_____

Address:_____City:_____ Zip:_____ Birthdate:_____ Age:_____

Participant has permission to enroll and participate in the following City of Milpitas Swimming Program:

- ❏ MTW Pre-Comp (8-16yrs) SUMMER ONLY
- ❏ Advanced Swim Lessons (7-14yrs) SUMMER ONLY
- ❏ Milpitas Tidal Waves Swim Team ____Developmental ____Junior

Staff Name:_____ Staff Signature:_____

MILPITAS Recreation Services

City of Milpitas

Milpitas Tidal Waves Registration Pre-Test

Date_____

Junior Group

Skills	Circle One
4 Laps Freestyle	Satisfactory Unsatisfactory
4 Laps Breaststroke	Satisfactory Unsatisfactory
4 Laps Backstroke	Satisfactory Unsatisfactory
2 Laps Butterfly	Satisfactory Unsatisfactory

First Name:_____ Last Name:_____

Address:_____City:_____ Zip:_____ Birthdate:_____ Age:_____

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- ❏ Milpitas Tidal Waves Swim Team ____Developmental ____Junior

Staff Name:_____ Staff Signature:_____