Swimming With Alaska Masters

Registration Form – Swimming With Alaska Masters

Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

DOB: ___/___/___ USMS #: _____ 30-day Trial? ☐ Y ☐ N

Emergency Contact: _____ Phone: _____

Volunteering options: Please check the box/s for the options you are able and willing to do.

☐ A.M. Coaching ☐ P.M. Coaching ☐ Saturday Coaching ☐ Adult learn to swim

☐ Yearly Matson Clean up in May ☐ Recruit/Advertise for the team

☐ Promoting SWAM at scheduled events

PERSONAL SWIM GOALS

S.W.A.M. wants you to enjoy the workouts, stay challenged and help you achieve your fitness goals. Please evaluate your skills and include any information the coaches need to help you attain your swimming goals.

1. Which SWAM workouts will you attend the most?

☐ Monday A.M. ☐ Wednesday A.M. ☐ Friday A.M. ☐ Tuesday P.M. ☐ Thursday P.M.

☐ Saturday A.M. ☐ Year-round ☐ Seasonal

2. What is your current swimming level?

☐ Novice ☐ Intermediate ☐ Skilled ☐ New to team swimming/lane sharing

3. What are your training goals? Check all that apply

☐ Swim Meets ☐ Triathlons ☐ Open Water ☐ Fitness ☐ Rehabilitation

☐ Cross Training ☐ Stroke Refinement Other: _____

4. For your safety, please describe any injuries or physical limitations you may have which may affect your ability to train. _____

5. What is your favorite and least favorite swim workouts? _____

6. Are you comfortable with receiving feedback from coaches on technique? ☐ Y ☐ N