

MASTERS SWIM ALBERTA CLINIC REGISTRATION FORM

(Please Print)

Clinics are limited to the first 30 registrations per session.
Registrants **MUST** be registered with Swim Alberta to participate.
Please submit your form along with payment to:

Swim Alberta
11759 Groat Road
Edmonton, Alberta, Canada T5M 3K6
Email: jameshood@swimalberta.ca

ATHLETE INFORMATION

Last name: _____
First: _____
Middle: _____
Swim Alberta Registration # _____

Street address: _____
P.O. Box: _____
City: _____
Province: _____
Postal Code: _____
Home phone: (____) _____

Club Affiliation: _____
Do you compete in swim meets? Yes No
Are you a triathlete? Yes No
Do you compete in Open Water Events? Yes No
Age: _____
Sex: M F

I am registering for the clinic in:

- | | |
|---|-------------------|
| <input type="checkbox"/> Edmonton Kinsmen Sports Centre | July 5, 8:00-10pm |
| <input type="checkbox"/> Calgary Calgary Winter Club | July 6 7-9 pm |
| <input type="checkbox"/> Calgary Calgary Winter Club | July 7 7-9 pm |

Cost: \$25.00

Payment Type

VISA Card # _____ Exp: ____/____

Briefly describe what you would like to get out of this clinic.

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address): _____
Relationship: _____
Home phone no.: (____) _____
Work phone no.: (____) _____

The above information is true to the best of my knowledge.

Signature _____

Date _____