

## **Duke Aquatics Masters Registration**

1) Name: \_\_\_\_\_.

2) Date of Birth \_\_\_\_\_.

3) Email address: \_\_\_\_\_.

4) Phone # \_\_\_\_\_.

5) Street Address: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

6) How did you hear about our Masters Program:

7) Previous swimming experience:

8) Any Medical conditions the coaching staff should be aware of:

9) Goals for your time spent with the program: