

Group 1 (May 21st) Group 2 (May 28th)

1) PERSONAL INFORMATION

Full Name Date of Birth

Male Female

Nationality Passport number or ID number

Phone Number Email

Address Line 1

Address Line 2

Country State

City ZIP Code

Emergency Contact Name Emergency Contact Number

2) MEDICAL HISTORY

Do you have private health insurance?
(Include company and policy number)

Allergies or dietary restrictions

Please specify any important medical conditions

3) SPORTS BACKGROUND

Average time to swim 3000mts in a pool

Swimming curriculum (your most important swims)

Which are your open water goals?

Which has been your longest swim?

Which is the next swim that you are planning? (Please specify the date)

In which way do you wish to improve?

4) ACCOMMODATION

Will you be traveling alone or with someone else?

Please select that type of room in which you wish to stay:

- Double bedroom for individual use
- Shared bedroom