

Metro Workout Challenge

> > > SATURDAY, FEBRUARY 27, 2010 < < <
JOIN US AT THE NASSAU COUNTY AQUATIC CENTER
FOR A SPECIAL TWO-HOUR SWIM SESSION. ALL
TRAINING LANES IN THE ENTIRE FACILITY HAVE
BEEN RENTED FOR THIS SPECIAL SWIM EVENT.

ELIGIBILITY: OPEN TO ALL ATHLETES AGE 18 & OLDER

CHECK-IN 11:00AM / WORKOUT 11:30AM / LUNCH 1:30PM
POST-WORKOUT LUNCH BUFFET AND SOCIAL
ALL FOR THE UNBEATABLE PRICE OF JUST **\$5.00**

TOP-NOTCH CERTIFIED SWIM COACHES DELIVERING
THE LATEST IN INNOVATIVE TECHNIQUE TIPS AND
CHALLENGING TRAINING SETS IN A MOTIVATING AND
FUN ENVIRONMENT. EVENT-SPECIFIC & STROKE SPECIALTY
TRAINING, TECHNIQUE SKILLS, VIDEOTAPING, AND MORE!

PARTICIPATION LIMITED TO THE FIRST 90 APPLICANTS
ADVANCE REGISTRATION REQUIRED BY SATURDAY, FEBRUARY 20
(see page two for complete details)

February is Fitness Month!!

Saturday, February 27, 2010 Metro Workout Challenge Athlete Pre-Registration Form

YES - I want to be a part of the Metro Workout Challenge - sign me up! Enclosed is my \$15 registration fee as a deposit to reserve my spot in the workout. I understand that when I check in at 11:00AM on Sat Feb 27, I will receive \$10 cash back along with a ticket to the post-workout lunch buffet. Participants are encouraged bring along their own training equipment (paddles, buoys, kickboards, zoomers, fins, etc.), although a small supply of equipment will also be available on-site.

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PART 1 - PERSONAL INFO

PRINT FIRST & LAST NAME _____

GENDER (circle one) **M** **F** DATE OF BIRTH ____/____/____ Age as of Sat Feb 27 _____

PHONE (_____) _____ - _____ E-MAIL _____

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PART 2 - TRAINING INFO *(provide us with as much detail as possible to place you in the appropriate workout group)*

I AM PRIMARILY A (circle one) **SPRINTER (50/100)** / **MID-DIST (200/500)** / **DISTANCE (1000+)**

MY BEST STROKE IS (circle all that apply) **FREE** / **BACK** / **BRST** / **FLY** / **I.M.**

MY WEAK STROKE IS (circle all that apply) **FREE** / **BACK** / **BRST** / **FLY** / **I.M.**

I CAN NOT/DO NOT WANT TO SWIM (circle all that apply) **FREE** / **BACK** / **BRST** / **FLY** / **I.M.**

MY BEST EVENTS / TIMES ARE:

I CAN SWIM A SET OF 10 x 100 yard FREESTYLE REPEATS ON (circle approximate interval training ability):

1:10 **1:15** **1:20** **1:25** **1:30** **1:35** **1:40** **1:45** **1:50** **1:55** **2:00** **2:05** **2:10** **2:15**

I SWIM (circle all that apply) **1-2 times a week** / **3-4 times a week** / **5+ times a week** / **ON MY OWN** / **WITH A TEAM**

MY SWIM WORKOUTS ARE (circle one) **less than 2000 yds** / **2000-2900 yds** / **3000-3900 yds** / **4000 yds or more**

MY KICKING ABILITY IS (circle one) **GOOD** / **AVERAGE** / **WEAK**

MY PULLING (paddles & buoy) ABILITY IS (circle one) **GOOD** / **AVERAGE** / **WEAK**

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**MAIL this fully executed page with \$15 check or money order payable to Metropolitan LMSC to:
Metro LMSC, 734 Franklin Avenue #383, Garden City, NY 11530
Registration form & payment must be RECEIVED by 5PM on Saturday, February 20, 2010
Participation will be limited on a first-received basis. Direct inquiries to coordinator
Lisa Baumann via email at aquafitinc@aol.com or by phone at 516-294-SWIM(7946).**