

Date:

Killarney Farms Swim Center
Adult Workout Program

Name: _____

Member? (circle one) Yes No

Swim Experience (circle one):

I can swim

I swim sometimes

I'm in training mode!

Goal(s): (eg. increase speed, train for event, lose weight, swim farther, yardage/week)

Injuries or medical conditions?

Expected Availability:

Monday	Tuesday	Wednesday	Thursday	Friday