

Duke Aquatics

2011 Summer League Tune-Up Registration Form

Last Name: _____ First Name: _____

Preferred Name: _____ Age: _____ Current Grade: _____

Parents/Guardians: _____

Address: _____

City: _____ State: _____ Zip: _____

Email(s): _____

Phone Number: (H) _____ (C) _____

Emergency Contacts: _____

Medical Information: _____

Summer League Team: _____

School Attending Fall 2011: _____

Choose your preferred clinic site / time:

April 2nd-May 7th (No Easter)

A _____ Sundays 12:00 to 1:15 @ Duke University

B _____ Sundays 1:45-3:00 @ Edison Johnson Aquatic Center

April 9th-May 8th

C _____ Saturdays 12:00-1:15 Hillsborough Sportsplex

D _____ Saturdays 2:00-3:15 @ Hollow Rock Racquet & Swim Club

E _____ Saturdays 3:45-5:00 @ Homestead

Please submit this form with your registration check of \$75.00.

Hollow Rock Members at Hollow Rock = \$70.00.

Make Checks Payable: *Duke Aquatics*

Return Registration and Payment to:

Duke Aquatics

3020 Picket Road Suite #424

Durham, NC 27705

No Refunds Unless Clinics Cancelled by Duke Aquatics