

Member #: _____

Last Name: _____

WOODCROFT WHIRLWINDS 2010 REGISTRATION

Parent Name(s): _____

Phone: _____

Email Address **Required:** _____

*This email needs to be one that is checked at least once a day.

Emergency Contact: _____

Phone: _____

In case of an emergency, if I cannot be reached, I give permission to the Woodcroft Club staff to authorize medical treatment for my child as needed.

Signature: _____

Date: _____

Swimmer #1

First Name: _____ Last Name: _____

Age: _____ Date of Birth: ____/____/____ please circle: MALE FEMALE

EVERY swimmer will receive **one** complimentary Whirlwinds T-Shirt & Swim Cap. Please circle the appropriate size.

Youth S Youth M Adult S Adult M Adult L Adult XL

10th year (or more) with DSSL? YES NO Woodcroft Swimmer _____ years

Swimmer #2

First Name: _____ Last Name: _____

Age: _____ Date of Birth: ____/____/____ please circle: MALE FEMALE

EVERY swimmer will receive **one** complimentary Whirlwinds T-Shirt & Swim Cap. Please circle the appropriate size.

Youth S Youth M Adult S Adult M Adult L Adult XL

10th year (or more) with DSSL? YES NO Woodcroft Swimmer _____ years

Swimmer #3

First Name: _____ Last Name: _____

Age: _____ Date of Birth: ____/____/____ Please circle: MALE FEMALE

EVERY swimmer will receive **one** complimentary Whirlwinds T-Shirt & Swim Cap. Please circle the appropriate size.

Youth S Youth M Adult S Adult M Adult L Adult XL

10th year (or more) with DSSL? YES NO Woodcroft Swimmer _____ years

Swimmer #4

First Name: _____ Last Name: _____

Age: _____ Date of Birth: ____/____/____ please circle: MALE FEMALE

EVERY swimmer will receive **one** complimentary Whirlwinds T-Shirt & Swim Cap. Please circle the appropriate size.

Youth S Youth M Adult S Adult M Adult L Adult XL

10th year (or more) with DSSL? YES NO Woodcroft Swimmer _____ years

ATTENTION NEW SWIMMERS!

First year/new swimmers receive a 2-week Trial Period from May 11-26. At the end of this trial period, the swimmer must be able to swim the length of the pool unassisted. Refunds minus a \$25 Processing fee will be given during this trial period for NEW swimmers ONLY. No refunds will be given after May 26th.

Swim Team Registraion and Payment Options

All fees are NON-REFUNDABLE

Registration Fee: (includes Banquet Ticket for SWIMMERS) \$75 x _____ swimmer(s) = \$ _____

Team Photo: (one 8x10) \$10 each x _____ = \$ _____

Individual/Team Photo Package: \$20 each x _____ = \$ _____

(1 5x7, 8 wallets, & 1 team 8x10)

Championship Heat Sheets: \$5 each x _____ copies = \$ _____

(Used only at Championships, this is a booklet including an ordered listing of swimmers by event.)

Banquet Tickets: \$8 x _____ people = \$ _____

\$6 (8 & Under)x _____ people= \$ _____

(These can be purchased one week before Banquet if number is not known.)

TOTAL = \$ _____

(Swimmers receive one ticket for themselves. All other tickets must be purchased.)

Extra T-shirts: (Only Swimmers get a FREE shirt.) \$10 each x _____ = \$ _____

Sizes & Quantity: _____

TOTAL = \$ _____

You may pay by Cash, Check, Visa or Mastercard.

Please make checks payable to "Woodcroft Club."

\$5 OFF if registered by April 30, 2010

TOTAL = \$ _____

Card Number: _____ Exp. Date: ____/____ 3 Digit Security Code: _____

Swim Team Release

I, the undersigned, certify that I am the parent and/or guardian of the above named swimmer(s), that he/she is in good physical condition. I give my permission for him/her to participate in the 2010 Woodcroft Swim Team program and the DSSL Summer Swim League. I agree to assume full responsibility for any injuries incurred by him/her in connection with such participation. I fully understand the risks inherent in the use of the Club facility and swim team participation by its nature. I am willing to assume those risks for myself and my family.

I understand that Woodcroft Club Swim Team participants are subject to the rules and regulations established by the Woodcorft Club and the DSSL. I understand that any violation may result in termination of participation. By my signature below, I hereby understand and accept all the above terms related to swim team participation.

Signature: _____ Date: _____

OFFICE USE ONLY

Date Received:

Member #:

Paid For:

Paid by:

Amount Paid: