

Member #: _____

Last Name: _____

WOODCROFT WHIRLWINDS

2008 REGISTRATION

Parent Name(s): _____

Phone: _____

Email Address Required: _____

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

Swimmer T-shirt Size: Youth S Youth M Adult S Adult M Adult L Adult XL

Team Swim Cap Needed: YES NO

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

Swimmer T-shirt Size: Youth S Youth M Adult S Adult M Adult L Adult XL

Team Swim Cap Needed: YES NO

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

Swimmer T-shirt Size: Youth S Youth M Adult S Adult M Adult L Adult XL

Team Swim Cap Needed: YES NO

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

Swimmer T-shirt Size: Youth S Youth M Adult S Adult M Adult L Adult XL

Team Swim Cap Needed: YES NO

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

Attention NEW Swimmers:

New swimmers will receive a 2 week trial period from May 13th - May 25th. Refunds will be given during this Trial Period ONLY for new swimmers. No refunds will be given after May 25th.

Swim Team Registration and Payment Options

all fees NON-REFUNDABLE

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

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

Individual/Team Package: (1 5x7s, 8 wallets, & team 8x10) \$20 each x _____ = \$ _____

Championship Heat Sheets: \$5 each x _____ copies = \$ _____
(Ordered listing of swimmers by event. Used at championship meet only.)

Banquet Tickets: (All non-swim team members attending) \$10 x _____ people = \$ _____
(Can be purchased before Banquet if number is not known)

Extra T-shirts: (NEW Swimmers get FREE shirt ONLY) \$10 each x _____ = \$ _____

Sizes & Quantity: _____

TOTAL = \$ _____

\$5 OFF if register by April 30, 2008

TOTAL = \$ _____

You may pay by check or Credit Card. Please make checks payable to "Woodcroft Club"

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

Card Holder Signature: _____ Date: ____/____/____

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 and I give my permission for him/her to participate in the 2008 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 and 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 Woodcroft Club and the DSSL League and 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: _____