

**2017 Meet Availability Form**

*Please complete one form per child in your family.*

Child's Name: \_\_\_\_\_ Age as of July 1<sup>st</sup>: \_\_\_\_\_ Gender: **M** **F**

Please circle **YES** or **NO** if your child will/will not attend the following meetings:

**Dual Swimming /Diving Meets:**

Thursday, June 29 <sup>th</sup>	4:30 p.m.	YES	NO	Away at Briarcliff
Thursday, July 6 <sup>th</sup>	4:30 p.m.	YES	NO	Home vs. Katonah
Saturday, July 8 <sup>th</sup>	8:00 a.m.	YES	NO	Home vs Lewisboro
Saturday, July 15 <sup>th</sup>	8:00 a.m.	YES	NO	Away at. Yorktown
Thursday, July 20 <sup>th</sup>	4:30 p.m.	YES	NO	Home vs. CST

**Championships:**

Wednesday, July 26 <sup>th</sup>	5 p.m.	YES	NO	Division I Diving Championships
Thursday, July 27 <sup>th</sup>	5 p.m.	YES	NO	All Star Diving Championships @ Lewisboro
Saturday, July 29 <sup>th</sup>	8:30 a.m.	YES	NO	Division I Swimming Championships
Sunday, July 30 <sup>th</sup>	8:30 a.m.	YES	NO	All Star Swimming Championships @ Briarcliff

**B Swimming Meets on \*\*\*WEDNESDAY\*\*\*:**

Wednesday, July 6 <sup>th</sup>	4:30 p.m.	YES	NO	TBA
Wednesday, July 13 <sup>th</sup>	4:30 p.m.	YES	NO	TBA
Wednesday, July 20 <sup>th</sup>	4:30 p.m.	YES	NO	TBA

**B Diving Meets on \*\*\*MONDAY\*\*\*:**

Monday, July 10 <sup>th</sup>	4:30 p.m.	YES	NO	TBA
Monday, July 17 <sup>th</sup>	4:30 p.m.	YES	NO	TBA
Monday, July 24 <sup>th</sup>	4:30 p.m.	YES	NO	TBA

*Please mark which practice your child will attend: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_*

## 2017 Willowbrook Swimming & Diving Team Registration Form

Please fill out **ALL** the information completely and make sure you write the area code for all phone numbers. Write child's name, Age & Date Of Birth, check the box for which team they want to be on, and circle gender.

<u>Child's Name</u>	<u>Age on July 1<sup>st</sup></u>	<u>D.O.B.</u>	<u>Swim</u>	<u>Dive</u>	<u>Both</u>	<u>Gender</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M   F
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M   F
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M   F
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M   F

**T-SHIRT SIZE** \_\_\_\_\_

**Parents' Names** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_\_

**\*\*\*\*E-mail Address** \_\_\_\_\_ **\*\*\*\*\***

**Emergency Contact Name** \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_\_

(Please write neatly!)

Do you have any concerns that need to be addressed by the coaches?

\_\_\_\_\_  
\_\_\_\_\_

Paid Cash \_\_\_\_\_ amount

Paid Check \_\_\_\_\_ Check #