

# 2019 Meet Availability Form

please complete one form per child

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:**

Saturday, June 29th	8:00 a.m.	YES	NO	At Briarcliff
Tuesday, July 9th	4:30 p.m.	YES	NO	Home vs. Pound Ridge
Thursday, July 11th	4:30 p.m.	YES	NO	Home vs. Katonah
Tuesday, July 16th	4:30 p.m.	YES	NO	Away at Yorktown
Thursday, July 25th	4:30 p.m.	YES	NO	Away at Chappaqua

### **Championships:**

Wednesday, July 31st	5 p.m.	YES	NO	Division I Diving Championships
Thursday, August 1st	5 p.m.	YES	NO	All Star Diving Championships
Saturday, August 3rd	8:30 a.m.	YES	NO	Division I Swimming Championships @ Yorktown
Sunday, August 4th	8:30 a.m.	YES	NO	All Star Swimming Championships @ Briarcliff

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

Wednesday, July 10th	4:30 p.m.	YES	NO	TBA
Wednesday, July 17th	4:30 p.m.	YES	NO	TBA
Wednesday, July 24th	4:30 p.m.	YES	NO	TBA

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

Monday, July 8 <sup>th</sup>	4:30 p.m.	YES	NO	TBA
Monday, July 15 <sup>th</sup>	4:30 p.m.	YES	NO	TBA
Monday, July 22 <sup>th</sup>	4:30 p.m.	YES	NO	TBA

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

## 2019 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 #