

# 2022 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:**

Thursday, June 30th	4:30 p.m.	YES	NO	Away at Pound Ridge
Thursday, July 7th	4:30 p.m.	YES	NO	Away at Katonah
Thursday, July 14th	4:30 p.m.	YES	NO	Home vs. Yorktown
Tuesday, July 19th	4:30 p.m.	YES	NO	Away at Briarcliff
Tuesday, July 26th	4:30 p.m.	YES	NO	Home vs. Ossining

## **Championships:**

Wednesday, July 27th	5 p.m.	YES	NO	Division I Diving Championships
Thursday, July 28th	5 p.m.	YES	NO	All Star Diving Championships
Saturday, July 30th	8:30 a.m.	YES	NO	Division I Swimming Championships
Sunday, July 31st	8:30 a.m.	YES	NO	All Star Swimming Championships @ Briarcliff

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

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

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

Monday, July 11 <sup>th</sup>	4:30 p.m.	YES	NO	TBA
Monday, July 18 <sup>th</sup>	4:30 p.m.	YES	NO	TBA
Monday, July 25 <sup>th</sup>	4:30 p.m.	YES	NO	TBA

# 2022 Willowbrook Swimming & Diving Team Registration Form

please complete one form per child

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. PLEASE FILL OUT A REGISTRATION FORM FOR EACH CHILD. PARENT AND CONTACT INFORMATION ONLY NEEDS TO BE FILLED OUT ON ONE FORM IF MULTIPLE CHILDREN.

Child's Name \_\_\_\_\_ Age on July 1<sup>st</sup> \_\_\_\_\_ D.O.B. \_\_\_\_\_ Swim  Dive  Both  Gender 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!)

## **PRACTICE TIME SELECTION (Please choose one):**

10 & Under 10:30-11:30 AM \_\_\_\_\_  
10 & Under 4:30-5:30 PM \_\_\_\_\_  
11 & Over 10:30AM-12:00PM \_\_\_\_\_  
11 & Over 4:30-6:00PM \_\_\_\_\_  
Will not practice at Willowbrook \_\_\_\_\_

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

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