



## TEAM TRYOUTS

**Westport Weston Family Y Stauffer Pool**  
**September 13th and 15th 2011, 4:00 pm**  
**(Swimmers Only Need to Attend One Day)**

### **REGISTRATION** (Please fill out one form per child. Fee: \$25)

Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Previous Team(s): \_\_\_\_\_

Briefly describe your child's swimming history:

Briefly describe your child's goals:

Has your child had any injury or illness within the past year that we should be aware of?  
(Circle one) Y N If yes, please explain:

Does your child have any allergic reactions, prescribed medication use or other medical concerns that we should be aware of? (Circle one) Y N If yes, please explain:

# PAYMENT

## Registration Fee: \$25 per child

Payment can be made by cash or check (made out to the Westport Weston Family Y) or by filling out the credit card information below.

Please mail or fax this form with payment to:

The Westport Weston Family Y  
59 Post Road East  
PO Box 190  
Westport, CT 06880

Fax: 203-454-4840 (Attention: Jacquie Tumminia)

Questions? Contact: Jacquie Tumminia

Senior Director of Aquatics and Competitive Swimming

Tel: 203-226-8981 ext. 119

Email: [jtumminia@westporty.org](mailto:jtumminia@westporty.org)

## Credit Card Information

First And Last Name: \_\_\_\_\_

Credit Card (Circle One): VISA MasterCard Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

