

**WESTPORT WESTON FAMILY Y WATER RAT SWIM TEAM
REGISTRATION FORM – SPRING/SUMMER 2007 LONG COURSE SEASON**

Current Team Member: Return completed form and fees to the Water Rat Swim Team office by **Friday, April 20, 2007** to secure your registration with the team. *This will also secure your spot on the team for the 2007-2008 short course season.*

Prospective Team Member: Return completed form to the Water Rat Swim Team office by **Friday, April 20, 2007.**

Please note the try-out schedule: *9-12 year old: April 23 and 25 – 6:45-8:15pm. 8/unders: April 23 and 25 – 5:30-6:15pm.*

Check if information is different from previous season.

Swimmer(s) Information:

Legal Name: _____ Birth date: _____ Age: _____
Address: _____ Town: _____ Zip Code: _____
Home Phone: (____) _____ Male: _____ Female: _____ Practice Group: _____

Additional Swimmers:

Legal Name: _____ Birth date: _____ Age: _____
Male: _____ Female: _____ Practice Group: _____

Legal Name: _____ Birth date: _____ Age: _____
Male: _____ Female: _____ Practice Group: _____

Family Information: (Please check box to indicate primary person to contact for payment and other information if applicable.)

Mother's Name: _____ Home # _____
E-Mail Address: _____ Work # _____
Mailing Address: _____ Cell # _____

Father's Name: _____ Home # _____
E-Mail Address: _____ Work # _____
Mailing Address: _____ Cell # _____

*******Important:** Each time a youngster joins the team, his/her parents automatically become members of the Parent's Club and assume responsibility to participate and support team activities. What are your areas of expertise?
