

**WESTPORT WESTON FAMILY Y WATER RAT SWIM TEAM  
REGISTRATION FORM – 2007-2008 SHORT/LONG COURSE SEASONS**

**Current Team Member:** Return completed form to the Water Rat Swim Team office by **Friday, August 24, 2007** to reserve your spot on the team. *All team members must attend the WRAT EXPO on Sunday, September 16, 2007 from 3:30-5:00pm to finalize team registration.*

**Prospective Team Member:** Return completed form to the Water Rat Swim Team office by **Friday, September 7, 2007.**

Please note the try-out schedule: *9-12 year old: September 10 and 11 – 4:15-5:30pm. 8/unders: September 10 and 11 – 5:30-6:15pm.*

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*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?

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