

# Windwood Swim Team

## 2011 Registration

**Fees and Registration are due by May 7, 2011**  
**Add \$10 late fee until May 23<sup>rd</sup> ; after this date add \$15.00 late fee.**  
*Note: For insurance purposes, swimmers may not participate until registration, emergency form and fees are received.*

Parent's Names \_\_\_\_\_

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

Phone Numbers:

Home: \_\_\_\_\_ Work: Mom \_\_\_\_\_ Cell: Mom \_\_\_\_\_  
Dad \_\_\_\_\_ Dad \_\_\_\_\_

Email (*very important*): \_\_\_\_\_  Check here if new email

Swimmer's name	<i>male/female</i>	<i>birthdate</i> M / D / Y	2011 Fees
1 _____	_____	_____	\$100.00
2 _____	_____	_____	\$85.00
3 _____	_____	_____	\$70.00
4 _____	_____	_____	\$70.00
Associate swimmer: ( <i>must be 14 and up</i> ) _____	_____	_____	\$70.00

Optional Volunteer Opt Out Fee \$125.00  
Late Fee – After May 7, 2011 \$10.00  
Late Fee – After May 23, 2011 \$15.00

**TOTAL ENCLOSED** \_\_\_\_\_

CHECKS ONLY PLEASE,

Payable to: **WINDWOOD SWIM TEAM**

Mail registration & check to  
Or bring to Open House May 7<sup>th</sup>

WINDWOOD SWIM TEAM  
c/o Renee Bush  
7131 Willowood Drive  
Cincinnati, OH 45241

**\*\*Please do not give forms or checks to coaches\*\***

**EMERGENCY INFORMATION - please PRINT clearly**

***Where can parent be contacted***

***during swim practice?*** \_\_\_\_\_

EMERGENCY NAME & PHONE # \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICAL PROBLEMS/MEDICATIONS \_\_\_\_\_