

2012 Meet Availability Form
Please complete one form per child in your family.

Child's Name _____ Age as of June 1st _____

Please circle **YES** or **NO** if your child will/will not attend the following meetings:

A Swimming /Diving Meets:

Tuesday, July 10 th	4:30 p.m.	YES	NO	Home vs. Birchwood
Thursday, July 12 th	4:30 p.m.	YES	NO	Away at Yorktown
Tuesday, July 17 th	4:30 p.m.	YES	NO	Home vs. Pleasantville
Thursday, July 26 th	4:30 p.m.	YES	NO	Away at Chappaqua
Saturday, July 28 th	8:00 a.m.	YES	NO	Home vs. Mt. Kisco

Counties (Qualifiers Only):

Monday, July 30 th	TBD	YES	NO	Playland Pool
Tuesday, July 31 st	TBD	YES	NO	Playland Pool
Wednesday, August 1 st	TBD	YES	NO	Playland Pool
Thursday, August 2 nd	TBD	YES	NO	Playland Pool

Championships:

Wednesday, August 1 st	5 p.m.	YES	NO	Division I Diving Championships
Thursday, August 2 nd	5 p.m.	YES	NO	All Star Diving Championships @ Lewisboro
Saturday, August 4 th	8:30 a.m.	YES	NO	Division I Swimming Championships
Sunday, August 5 th	8:30 a.m.	YES	NO	All Star Swimming Championships @ Briarcliff

Willowbrook Invitational: *(You must sign-up to be entered.)*

Thursday, July 19 th	4:30 p.m.	YES	NO	Niles Paleo Invitational at Home
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B Swimming Meets on Wednesday:

Wednesday, July 11 th	4:30 p.m.	YES	NO	TBA
Wednesday, July 18 th	4:30 p.m.	YES	NO	TBA
Wednesday, July 25 th	4:30 p.m.	YES	NO	TBA

B Diving Meets on Monday:

Monday, July 9 th	4:30 p.m.	YES	NO	TBA
Monday, July 16 th	4:30 p.m.	YES	NO	TBA
Monday, July 23 rd	4:30 p.m.	YES	NO	TBA

Please mark which practice your child will attend: A.M. _____ P.M. _____

2012 Willowbrook Swimming & Diving Team Registration Form

Please fill out **ALL** the information completely and make sure you write the area code for all phone numbers. Write child's name, Date Of Birth, and check the box for which team they want to be on:

<u>Child's Name</u>	<u>D.O.B.</u>	<u>Swim</u>	<u>Dive</u>	<u>Both</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents' Names _____

Address _____

Home Phone (_____) _____

Cell Phone (_____) _____

E-mail Address _____

*** (ONLY IF YOUR EMAIL ADDRESS HAS CHANGED!!!!) ***

Emergency Contact Name _____

Home Phone (_____) _____

Cell Phone (_____) _____

(Please write neatly!)

Do you have any concerns that need to be addressed by the coaches?

Paid Cash _____ amount

Paid Check _____ Check #