



VILLAGE FIELD CLUB SWIM TEAM REGISTRATION

New Swimmer: Yes No
 New Swimmer Stroke Clinic TBD (coaches request)
 Parent Meeting Monday, June 6th

Family Name: _____

Parent(s) First Name(s): _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

EMAIL: _____

Please be sure to include your email address here:
 Much of the swim team information will be distributed to you via weekly email.

SWIMMERS WHO SIX YEARS OLD OR YOUNGER AS OF JULY 31, 2011

Swimmer's Name	Age on 6/1/11	Sex	Date of Birth	Fee	
	Age	M or F	/ /	\$ 45	\$
	Age	M or F	/ /	\$ 45	\$
	Age	M or F	/ /	\$ 45	\$

SWIMMERS WHO HAVE NOT COMPLETED THEIR FRESHMAN YEAR OF H.S.

Swimmer's Name	Age on 6/1/11	Sex	Date of Birth	Fee	
	Age	M or F	/ /	\$ 90	\$
	Age	M or F	/ /	\$ 90	\$
	Age	M or F	/ /	\$ 90	\$
	Age	M or F	/ /	\$ 90	\$

SWIMMERS WHO HAVE COMPLETED THEIR FRESHMAN YEAR OF H.S.

Swimmer's Name	Age on 6/1/11	Sex	Date of Birth	Fee	
	Age	M or F	/ /	\$ 0	\$
	Age	M or F	/ /	\$ 0	\$

Please make checks payable to the **Village Field Club** – Refunds will only be issued based on evaluation circumstances.

Each family must sign up to work **TWO** meets or **ONE** "behind the scenes" job!

Volunteer position #1: _____ Date: _____

Volunteer position #2: _____ Date: _____