

WEST WINDSOR WHALERS

Welcome to the 2017 season for the West Windsor Whalers Swim/Dive Team. We look forward to an exciting swim/dive season (June 6th-July 28th). Whalers' team membership is open to individuals' ages 6 to 18 years of age. This program, held during June and July, offers a competitive experience for swimmers and divers, emphasizing development and refinement of skill and technique. The team participates in the Princeton Area Swimming & Diving League (PASDA) and practices are held at the WaterWorks Aquatic Complex inside Community Park – 193 Princeton Hightstown Road & Bernt Midland Blvd. – West Windsor.

Registration for the 2017 summer swim/dive season will be from March 13th to May 5th. A late registration fee of \$25.00 per swimmer/diver will be assessed beginning May 8th. Proof of age may be required.

Parent involvement at team functions is required.
Dive/Swim Team members must participate in at least 3 meets.

**LIMITED SPACE IS AVAILABLE IN EACH AGE GROUP
TEAM ROSTER WILL BE AT COACHES DISCRETION**

SWIMMING TEAM PRACTICE TIMES

Swim Team members must be able to swim two lengths of the pool in two competitive strokes (must be able to extend arms over water during freestyle and perform basic breathing). For those with limited or no competitive experience, Stroke Clinic is a recommended alternative.

JUNE 5th – JUNE 16th (AFTER SCHOOL) Daily Practice: Monday-Friday @ WaterWorks
Ages 10 & under: 5:00 pm – 5:45 pm // Ages 11 & over – 5:45 pm – 6:30 pm
~~ AND ~~

JUNE 19th – JULY 21st (MORNINGS) Daily Practice: Monday-Friday @ WaterWorks
Ages 10 & under: 8:00 am–8:45 am // Ages 11 & over–7:00 am – 8:00 am

DIVING TEAM PRACTICE TIMES

Diving team members must be able to swim one lap comfortably. No previous experience, just the willingness to learn. The team participates in PASDA league. **(Participants MUST compete in Dive Meets and Parent Involvement is required.)**

JUNE 5th – JUNE 16th (AFTER SCHOOL) Daily Practice: Monday-Friday @ WaterWorks
Practice Times: 3:30–4:15 pm **OR** 4:15–5:00 pm
Coach will advise practice times for groups
~~ AND ~~

JUNE 19th – JULY 21st (MORNINGS) Daily Practice: Monday-Friday @ WaterWorks
Practice Times: 9:00 am–9:45 am **OR** 9:45 am–10:30 am
Coach will advise practice time for groups

Competitive swim wear is mandatory for practice and meets. Participants may purchase Whalers' apparel; however, team merchandise is optional. Bathing suits and caps can be purchased at the beginning of the season.

SUMMER 2017 FEES

	<u>Swim Only</u>	<u>Dive Only</u>	<u>Swim & Dive</u>
Pool Member	\$180	\$180	\$300
Non Pool Member	\$240	\$240	\$400

Please make checks payable to: **West Windsor Twp. – Pool Utility**

Mail or bring to: West Windsor Recreation Dept. – P.O. Box 38, 271 Clarksville Road, West Windsor, NJ 08550

SWIM / DIVE TEAM REGISTRATION FORM - 2017

Name of Participant: _____

Address: _____

City: _____ State _____ Zip _____

E-Mail Address: _____
(Needed for confirmation e-receipt and any updates for the Team)

Home Phone: _____ Cell Phone: _____

Emergency Contact Name & Phone #: _____

Birth Date: _____ Male/Female: _____ Grade: _____

Age on June 1st: _____

Swim Team: _____ Dive Team: _____

Fee: _____ + **\$25.00 late fee after May 5,2017**

(To receive the Member rate you must be a member of WaterWorks before registration)

Refund Policy:
*A 20% administrative fee will be deducted from all refunds.
Refunds will be given only if requested in writing before May 12.
No refunds will be given after May 12.*

Make checks payable to: **West Windsor Twp. - Pool Utility**

Please mail or West Windsor Township Recreation Department
Hand-deliver to: 271 Clarksville Road - P.O. Box 38 - West Windsor, NJ 08550

*****Office Use Only*****

DATE: _____

PAYMENT AMOUNT: _____

Check# / Cash: _____



WEST WINDSOR TOWNSHIP

*Division of Recreation and Parks
271 Clarksville Road
West Windsor, New Jersey 08550
(609) 799-6141*

www.wwparks-recreation.com

SWIMMING PROGRAM EMERGENCY/ MEDICAL INFORMATION FORM

Name: _____

Address _____
No. Street City State & Zip

EMAIL ADDRESS _____

Age on June 1st _____ Birth date _____ Male _____ Female _____ Grade _____

Home Phone _____ Emergency Name & Phone _____

Parent(s) Name or Guardian: _____

Height _____ Weight _____ Glasses/Contacts: Yes _____ No _____

Is participant presently under care of physician for any reason? If yes, explain:

Is participant presently taking any medication? Yes _____ No _____ If yes, explain:

Does participant have any allergies? If yes, identify _____

Participant's Physician: _____ Participant's Dentist's _____

Health Insurance Coverage Company: _____ Policy# _____

I _____ realize there is a risk of being injured that is inherent in all sports. (Participant/parent if under 18). I realize the risk of injury may be severe, including the risk of fractures, brain injuries, or even death. I also understand the NO REFUNDS WILL BE ISSUED, unless the Division of Recreation and Parks is notified at least two weeks in advance or the Division cancels the program. I understand this and wish (my child) to participate in the above programs. To the best of my knowledge, information recorded above is correct and complete. I give my permission for my child to participate in all swimming activities, except as specifically noted herein. In the event that I cannot be reached in an emergency, I hereby give permission to the Medical Center at Princeton to administer emergency treatment, and to order injection, anesthesia or surgery for my child. I further give permission to release any information to the Medical Center at Princeton in order for treatment of my child. If there is a change in the above information, I will notify the Recreation Office promptly in writing.

Parent/Guardian Signature _____ **Date** _____