

## WEST WINDSOR WHALERS

Welcome to the 2020 season for the West Windsor Whalers Swim Team. We look forward to an exciting swim season (June 1st-July 21st). 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, 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 2020 summer swim season will begin on March 2, 2020.  
Proof of age may be required.

**Parent involvement at team functions is required.**  
**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**

### **SWIM 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 1st – JUNE 19th (AFTER SCHOOL)** Daily Practice: Monday-Friday @ WaterWorks  
Ages 10 & under: 4:30 pm – 5:15 pm // Ages 11 & over – 5:30 pm – 6:30 pm

~~ AND ~~

**JUNE 22nd – 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

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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 2020 FEES**

Pool Member	\$180
Non Pool Member	\$240

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 TEAM REGISTRATION FORM – 2020

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 1<sup>st</sup>: \_\_\_\_\_

*(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 15.  
No refunds will be given after May 15.*

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](http://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** \_\_\_\_\_