



# Windybush 2<sup>nd</sup> YEAR Family Registration Form

## Welcome to the best kept secret in North Wilmington!

Form & Dues check due to *Windybush Swim Club*  
 C/O Megan Hall, 122 Chatham Place, Wilmington, DE 19810

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please note family members must reside in the same household.

	Name	Date of Birth	Fee	Amount Due
1 <sup>st</sup> Family Member			\$400	\$400
2 <sup>nd</sup> Family Member			\$0	
3 <sup>rd</sup> Family Member			\$0	
4 <sup>th</sup> Family Member			\$0	
5 <sup>th</sup> Family Member			\$40	
6 <sup>th</sup> Family Member			\$40	
7 <sup>th</sup> Family Member			\$40	
<b>Swim Team</b>				
Please complete the Swim Team Registration Form and transfer the total fees here.			See swim form	
<b>Guest Passes</b>				
\$20 per pass (covers 5 guests)			# ___ x \$20	
<b>TOTAL MEMBERSHIP DUE</b>				
<b>Please make checks payable to WINDYBUSH SWIM CLUB</b>				

\_\_\_\_\_ Please check here if you object to photos of your family on our website.

Office use only:  
 \_\_\_\_\_ Membership Amount  
 \_\_\_\_\_ Swim Team Amount

***Return next year and receive a \$150 credit towards the Bond purchase.***



# Swim Team Registration Form

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 C/O Megan Hall, 122 Chatham Place, Wilmington, DE 19810

Bondholder Name: \_\_\_\_\_

	Swimmer's Name	Date of Birth (as of 5/31/19)	Fee	Amount Due
1.			\$50	
2.			\$50	
3.			\$30	
4.			\$20	
5.			\$0	
<b>Concession Fee</b>				
\$20 per family to offset the cost of beverages and supplies			\$20	\$20
<b>SWIM TEAM TOTAL DUE</b>				
Please transfer to your membership form.				

Parent's Name	Phone Number	Email
	#: _____ Alternate #: _____	
	#: _____ Alternate #: _____	
<b>Emergency Contact</b>		
	#: _____ Alternate #: _____	N/A

Health Information	
Please list any allergies or health concerns coaches should be aware of:	

**Volunteer Information:** In order to keep swim meets running smoothly we need as many volunteers as possible. Each family will be required to have one family member volunteer per meet. If you are interested in Stroke & Turn and Scorer positions training will be provided.

**Payment Information:** Please make checks payable to Windybush Swim Club. Payment MUST be received in full before the swimmer will be eligible to practice with the team. All fees are non-refundable.

**Swimmer Information:** All swimmers must be able to swim the length of the pool without assistance

**Email Updates:** We will use e-mail addresses only for passing information to you about the swim team.

My child has permission to swim for the Windybush Swim Club Swim Team

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Questions? Email [windybushswimteam@gmail.com](mailto:windybushswimteam@gmail.com) and a Parent Volunteer Rep will get back to you

*Windybush Swim Club Payment Coupon #1*

*Due March 1<sup>st</sup>*

**Name:** \_\_\_\_\_

**Mail to:**  
Windybush Swim Club  
C/O Megan Hall  
122 Chatham Place  
Wilmington, DE 19810

**Total Due:** \_\_\_\_\_  
**Amount of Payment:** \_\_\_\_\_  
**Remaining Balance:** \_\_\_\_\_

*Windybush Swim Club Payment Coupon #2*

*Due April 1<sup>st</sup>*

**Name:** \_\_\_\_\_

**Mail to:**  
Windybush Swim Club  
C/O Megan Hall  
122 Chatham Place  
Wilmington, DE 19810

**Total Due:** \_\_\_\_\_  
**Amount of Payment:** \_\_\_\_\_  
**Remaining Balance:** \_\_\_\_\_

*Windybush Swim Club Payment Coupon #3*

*Due May 1<sup>st</sup>*

**Name:** \_\_\_\_\_

**Mail to:**  
Windybush Swim Club  
C/O Megan Hall  
122 Chatham Place  
Wilmington, DE 19810

**Total Due:** \_\_\_\_\_  
**Amount of Payment:** \_\_\_\_\_  
**Remaining Balance:** \_\_\_\_\_