



Windybush New 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 st Family Member			\$350	\$350
2 nd Family Member			\$0	
3 rd Family Member			\$0	
4 th Family Member			\$0	
5 th Family Member			\$40	
6 th Family Member			\$40	
7 th Family Member			\$40	
Swim Team				
Please complete the Swim Team Registration Form and transfer the total fees here.			See swim form	
Guest Passes				
\$20 per pass (covers 5 guests)			# ___ x \$20	
TOTAL MEMBERSHIP DUE				
Please make checks payable to WINDYBUSH SWIM CLUB				

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

Office use only:
 _____ Membership Amount
 _____ Swim Team Amount



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	
Concession Fee				
\$20 per family to offset the cost of beverages and supplies			\$20	\$20
SWIM TEAM TOTAL DUE				
Please transfer to your membership form.				

Parent's Name	Phone Number	Email
	#: _____ Alternate #: _____	
	#: _____ Alternate #: _____	
Emergency Contact		
	#: _____ 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 and a Parent Volunteer Rep will get back to you

Windybush Swim Club Payment Coupon #1

Due March 1st

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 1st

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 1st

Name: _____

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

Total Due: _____
Amount of Payment: _____
Remaining Balance: _____