

# Welch Field Registration

## Field and/or Swimming Program – 2018

1.) Child's Name \_\_\_\_\_ Birth date/Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Unknown \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (C) \_\_\_\_\_

Phone (H) \_\_\_\_\_

Email \_\_\_\_\_ Phone (W) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Ethnicity: White \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Two or More Races \_\_\_\_\_

Field Program \_\_\_\_\_ Swimming Lessons \_\_\_\_\_ Swim Team \_\_\_\_\_ Wee Wozzles \_\_\_\_\_ Open Swim \_\_\_\_\_

Lesson Level/Time (If applicable) \_\_\_\_\_

2.) Child's Name \_\_\_\_\_ Birth date/Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Unknown \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (C) \_\_\_\_\_

Phone (H) \_\_\_\_\_

Email \_\_\_\_\_ Phone (W) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Ethnicity: White \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Two or More Races \_\_\_\_\_

Field Program \_\_\_\_\_ Swimming Lessons \_\_\_\_\_ Swim Team \_\_\_\_\_ Wee Wozzles \_\_\_\_\_ Open Swim \_\_\_\_\_

Lesson Level/Time (If applicable) \_\_\_\_\_

3.) Child's Name \_\_\_\_\_ Birth date/Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Unknown \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (C) \_\_\_\_\_

Phone (H) \_\_\_\_\_

Email \_\_\_\_\_ Phone (W) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Ethnicity: White \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Two or More Races \_\_\_\_\_

Field Program \_\_\_\_\_ Swimming Lessons \_\_\_\_\_ Swim Team \_\_\_\_\_ Wee Wozzles \_\_\_\_\_ Open Swim \_\_\_\_\_

Lesson Level/Time (If applicable) \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:**

1.) Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone (C) \_\_\_\_\_

2.) Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone (C) \_\_\_\_\_

**Medical Restrictions or Concerns:** \_\_\_\_\_  
**Comments:** \_\_\_\_\_

**\*Please note that any children under age 8 must attend programs with a parent/guardian, responsible adult or babysitter. (at least 13 years old) \*For "Open Swim," the parent/guardian, responsible adult or babysitter MUST be at least 18 years old.**

**SWIMMING LESSON TIMES**

Options: Mondays/Wednesdays (10:00-10:40 a.m., 10:45-11:25 a.m., 6:05-6:45 p.m.)  
Tuesdays/Thursdays (10:30-11:10 a.m., 11:15-11:55 a.m.)

\*Level 6 lessons are from 9:00-9:40 a.m.on Tuesdays/Thursdays

\*Level 5 lessons are from 9:45-10:25 a.m. on Tuesdays/Thursdays

\*In the spaces below, please put your first, second and third choices for your child(ren)'s swim lesson times. Please note what swim lesson level they will be in this summer. If you do not know what level your child is in, we will determine it through our records. Please note that our records are final in placing participants in their appropriate swim lesson level.

However, if a participant's skills are above the level their slotted to be in, we reserve the right to move them to the appropriate level.

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

**\*We cannot guarantee that you will get your top choice(s) time(s), but we will do our best to accommodate you. Classes will be filled on a first come, first serve basis, so turn your child's registration form in as soon as possible.**

**\*You can turn the forms in by dropping them off at the village window in Eason Hall (Open 8-4:30, Monday-Friday) or by mailing it to the Westfield Recreation Department at 23 Elm St., Westfield, NY 14787. Registration forms will NOT be accepted without payment.**

I will assume responsibility for all accidents and injuries incurred by my child as a participant in the Village of Westfield Recreation Department's Summer Programs and I authorize treatment as is deemed necessary by attending personnel. I also give my permission for my child to appear in any candid photographs taken at the Summer Program, and understand that they may possibly appear in local media.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\*\*\*\*\*

**Office Use Only:** Check One: Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check or Cash: \_\_\_\_\_