

WEST WINDSOR HURRICANES

The swim team is back at WaterWorks! We are looking forward to having a swim team again at WaterWorks this summer. Hurricanes team membership is open to individuals' ages 6 to 18 years of age. This program 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 WW-P HS South and at the WaterWorks Aquatic Complex inside Community Park – 193 Princeton Hightstown Road & Bernt Midland Blvd. – West Windsor.

Registration for the 2026 summer swim season will be from May 4 through May 29. Proof of age may be required.

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

AGE GROUPS ARE 10 & UNDER AND 11-18
LIMITED SPACE IS AVAILABLE IN EACH AGE GROUP
TEAM ROSTER WILL BE AT COACHES DISCRETION

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).

JUNE 1st – JUNE 11th (AFTER SCHOOL) Daily Practice: Mon/Wed/Thurs @ HS South
6:15 pm – 7:00 pm

~~ AND ~~

JUNE 15th – JUNE 25th (AFTER SCHOOL) Daily Practice: Mon/Wed/Thurs @ WaterWorks
5:00 pm – 6:00 pm

~~ AND ~~

JUNE 29th – JULY 23rd (MORNINGS) Daily Practice: Mon/Wed/Thurs @ WaterWorks
8:45 am – 9:45 am

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

SUMMER 2026 FEES

Pool Member	\$270
Non-Member, Resident	\$300
Non-Member, Non-Resident	\$330

Please make checks payable to: **West Windsor Township**

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

SWIM TEAM REGISTRATION FORM - 2026

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: _____

Fee: _____

(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 22.
No refunds will be given after May 22.***

Make checks payable to: **West Windsor Township**

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

Web: Parks and 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 by May 22nd 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** _____