



# Competitive Swimming Registration 2010-2011

[www.wsyswim.org](http://www.wsyswim.org)

Please be sure to complete the entire registration form

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

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address #2: \_\_\_\_\_

Emergency Contact: (Name and Phone) \_\_\_\_\_

Summer Swim Team: \_\_\_\_\_

Send completed and signed forms with the \$175/family Administrative Fee to:  
**WSY Swimming \* 410 Fallowfield Road \* Camp Hill, PA 17011**

**Make Checks Payable to West Shore YMCA. After practice groups have been assigned (8/16/10), you may send in your registration fee.** All registration forms and registration fees should be completed by the end of August. Training fees may be made monthly or in full. The paid in full rates include a 10% discount. **No swimmer may begin to practice without all paperwork complete**  
A 5% Discount is given on 2nd or more swimmers. The discounts are to be taken on the lowest practice level

Swimmer Last Name	First Name	Middle Initial	Gender	Birth date

**Emergency Medical Release:** Should a medical emergency arise during my child's participation with at West Shore YMCA sponsored activity, I understand that reasonable effort will be made to contact me or the emergency contact I have provided. If I cannot be reached, or if it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me would cause, I consent to the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility chosen by the West Shore YMCA and I consent to the immediate administration of life sustaining measures deemed necessary under the circumstances.

I have read and understand the above Medical Release section and agree to the terms and conditions therein

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you wish to withdrawal from the program, this must be done in writing to G. Michael Gobrecht, Director of Competitive Swimming, 410 Fallowfield Road, Camp Hill, PA 17011-4900. Refunds will be made through the end of October. **No refunds will be made after November 1, 2010**