



Office Use

Program Fee Paid: _____

Admin Amount Paid: _____

Escrow Amount Paid: _____

Competitive Swimming Registration Summer 2009

www.swimnyac.org

This form is only necessary if you have new or updated information

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) _____

Swimmer Last Name	First Name	Middle Initial	Gender	Birth date	Practice Group

Emergency Medical Release: Should a medical emergency arise during my child's participation at a 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.

