



# High School Pre-Season Training Registration

## May 1, 2010-November 19, 2010

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

**Family Name:** \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_

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

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

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

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

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

High School Team: \_\_\_\_\_

Send completed and signed form **with the \$90 fee/per swimmer (representing first month payment)** to:

**WSY Swimming \* 410 Fallowfield Road \* Camp Hill, PA 17011**

**Make Checks Payable to West Shore YMCA.**

Swimmers will have opportunities to practice up to 3 times per week through August and 4 times per week during the months of September, October, and November prior to the 2010 High School Season. You will pay only for the months you train. If you pay for the entire program you will save 15%. The cost is \$495 per swimmer total. If you are **NOT** a member of the West Shore YMCA, there will be a \$10 YMCA Program Membership added to your first month fee

**This program runs from May 1<sup>st</sup>-November 19, 2010.**  
**The practice schedule may be found on the WSY web site.**  
**Most workouts will be at Messiah College**

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** \_\_\_\_\_