



Competitive Swimming Registration Summer 2010 – Summer Team Option

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) _____

Summer Swim Team: _____

Send completed and signed forms **with the \$80 Fee/per swimmer *** to:
WSY Swimming * 410 Fallowfield Road * Camp Hill, PA 17011

This practice option is for swimmers on Summer Teams that wish to practice with WSY **AGB or **ABB** practice groups during the Summer. Practice is limited to 3 nights per week**

This program runs from June 1st-July 31st, 2010
Make Checks Payable to **West Shore YMCA.**

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 _____