Pre-Competitive Swimming Registration 2010-2011

www.wsyswim.org

Please be sure to complete the entire registration form

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:_____

Are you a YMCA Member?? YES NO

If NO, please be sure to pay your $10 program membership

Swimmer Last Name	First Name	Middle Initial	Gender	Birth date	Name of Program you are registering

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 Hil, PA 17011-4900. Refunds will be made through the end of October, 2010. ***No refunds will be made after November 1, 2010***