

<b>Office Use</b>	
Res Form: _____	1 <sup>st</sup> Month: _____
Prnt Code: _____	Swim Code: _____
Escrow Amount Paid: _____	



# Competitive Swimming Registration 2007-2008

[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: \_\_\_\_\_

Parent Volunteer Area					
<b>We are trained in the following areas: (Circle all areas that you are experiences/trained)</b>					
Electronic Timing	Hy-Tek Computer	Officiating	Meet Director	Concession	Timer
<b>We would like to attend training's on the following</b>					
Electronic Timing	Hy-Tek Computer	Officiating	Meet Director		

**1st months payment, (or paid in full amount) and Escrow deposit are due at registration.  
The remaining 5 month payments (October-February) will be by Bank Draft  
A 5% Discount is given on 2nd or more swimmers**

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

**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 withdraw 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, 2007***