

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



# Pre-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:** \_\_\_\_\_  
**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:** \_\_\_\_\_

Swimmer Last Name	First Name	Middle Initial	Gender	Birth date	Program
					Pre Competitive
					Pre Competitive
					Pre Competitive

**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 Hill, PA 17011-4900. Refunds will be made through the end of January, 2008. **No refunds will be made after February 1, 2008***