



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTHY COMPETITION SKILLS FOR LIFE

YOUTH SPORTS

Mini Team

Pre-Competitive Swim Program

WEST SHORE YMCA



Mini Team participants will continue to work on the fundamentals of competitive swimming as be introduced to the experience of a swim meet. This program is the second part of a two-part program designed to slowly move swimmers from the pre-competitive level to the competitive levels. This program is great for Summer league swimmers, Country Club swimmers, or children coming out of swim lessons. In addition to working on correct stroke form of all four (4) competitive strokes, and using starting blocks, swimmers will have the opportunity to participate in the inter-squad swim meets. Parents that wish to have their child(ren) try-out the program should plan to attend the first two classes prior to registering. Friday, January 19th is the last day to try-out this program.

DATES: January 5-March 26, 2018

DAYS/TIMES: Fridays 6:15-7:15PM OR Sundays 4:30-5:30PM

AGES: 6-14

FEES: Facility Members \$ 200

Program Members \$ 215

*Fees include swim meets and t-shirt

HARRISBURG AREA YMCA WEST SHORE BRANCH

Competitive Swimming

410 Fallowfield Road Camp Hill, PA 17011

P 717 514 2287

E mike@wsyswim.org www.yswim.org

MINI TEAM 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	MI	Gender	Birth date	Practice Day (Friday or Sunday)

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 _____