



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# HEALTHY COMPETITION SKILLS FOR LIFE

**YOUTH SPORTS**

**Take Your Mark**

**Pre-Competitive Swim Program**

**WEST SHORE YMCA**



**Take Your Mark** participants will learn the fundamentals of competitive swimming through fun-filled drills in a positive atmosphere. This program is the first 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. Our concentration will be on correct stroke form of all four (4) competitive strokes, as well as understanding how to use starting blocks. This program is an "entry point" into our YMCA pathway that leads to the competitive swimming program. There are no 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, October 5th is the last day to "try-out" this program.

- DATES:** September 21-December 21, 2018  
(No class Thanksgiving weekend)
- DAYS/TIMES:** Fridays 6:15-7:15PM OR Sundays 4:30-5:30PM
- AGES:** 6-14
- FEES:** Facility Members \$ 175  
Program Members \$ 195

**HARRISBURG AREA YMCA WEST SHORE BRANCH**  
**Competitive Swimming**  
410 Fallowfield Road Camp Hill, PA 17011  
P 717 514 2287  
E [mike@wsyswim.org](mailto:mike@wsyswim.org) [www.yswim.org](http://www.yswim.org)

# TAKE YOUR MARK 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	Birthdate	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 \_\_\_\_\_



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 18th is the last day to try-out this program.

**DATES:** January 4-March 29, 2019

**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 \_\_\_\_\_