



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTHY COMPETITION SKILLS FOR LIFE IN THE POOL

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 moving 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 2nd is the last day to “try-out” this program. This program is limited to 25 swimmers per class session

DATES: September 18-December 18, 2020
(No class Thanksgiving weekend)

DAYS/TIMES: Fridays 6:15-7:15PM OR Sundays 10am-11am OR 3-4pm

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 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	M I	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 _____