



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTHY COMPETITION SKILLS FOR LIFE



Competitive Swimming
Summer Team Registration Packet
Northern York Aquatic Club

The YMCA hosts a competitive swimming program for kids ages 6 (*that can swim one length on their stomach and one length on their back*) to 18 in the Northern York School District. Swimmers are divided into five age groups that match their swimming abilities from the beginning competitive swimmer to the experienced high school athlete. It is the desire of the YMCA competitive swimming programs to provide each swimmer fun, excitement and challenges in an environment of teamwork and sportsmanship.

Visit our website

<http://nyac.wsyswim.org> for more information

WEST SHORE YMCA

Competitive Swimming

410 Fallowfield Road Camp Hill, PA 17011

P 717 514 2287 **T** @wsyswim **E** mike@wsyswim.org



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Northern York Aquatic Club (NYAC) Spring/Summer Competitive Swimming

4 Practice Groups

Age Group A (AGA) 3 days per week for 60 minutes

(Ages 6-9) Swimmers must be able to swim 25 yards in any manner and be comfortable in deep water and in a group setting away from parents. Swimmers will learn basic floating, kicking, body balance and breathing skills allowing them to kick repeated distances of 25 yards on the front and back. Practices held at Northern York High School.

Age Group B (AGB) 4 days per week for 75 minutes

(Ages 8-12) To move from AGA to AGB practice group, swimmers must be able to demonstrate a legal 100 IM, and swim at least 300 yards non-stop with flip turns. AGB swimmers will be developing proper stroke technique and forming correct practice habits. Swimmers should be comfortable with training up to 75 minutes per day with good listening skills. Practices held at Northern York High School

Age Group C (AGC) 4 days per week for 90 minutes

(Ages 10-14) Goals of the AG-C practice group include: Swim 8 x 100 1:40 freestyle, Flutter kick 20 x 25 :35, Swim faster than 1:15 in 100yard free and 1:30 in 100yard IM, Kick-out 6 kicks off walls in backstroke. Practice discipline, further skill development, challenges, and training are the primary goals of this group. Practices held at Northern York High School

High School (HS) Monday-Thursday for up to 120 minutes

This program is structured for Northern York High School swim team members, plus those students that recently completed 8th grade and will be entering 9th grade in the Fall of 2019. These workouts will be endurance based with an appropriate amount of times spent on skill development and technical aspects of strokes. We will also incorporate a dryland training program with this program. This program will be led by Northern York High School Assistant Coach Jared Haley as well as advised by Northern York High School Head Coach Bill Resser



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Northern York Aquatic Club (NYAC) Spring/Summer Competitive Swimming Fees and Financial Obligations NYCSD Residents

Fees are billed as follows:

Swimmers that swam over the Fall/Winter in AGB, and AGC practice will not have any other fees due until September, 2019.

Swimmers in AGA over the winter will pay the AGA fee below for the Summer

<u>Practice Level</u>	<u>Paid In full Amount</u>
High School	\$200
AG-C	\$200
AG-B	\$180
AG-A	\$125

Program fees **do NOT** include Y Program Membership fee (\$10 for the year). All NYAC swimmers must be "Program Members" of the YMCA. *All swimmers receive FREE swim caps and team t-shirts.*

AGB, AGC, and High School practices will begin Monday, April 15, 2019

AGA practice will begin Tuesday, May 28 2019. AGA swimmers should enroll in the Stroke Clinic during the months of April and May



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FAMILY NAME: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL DISTRICT OF RESIDENCE: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ E-MAIL ADDRESS #2: _____

EMERGENCY CONTACT: (NAME AND PHONE) _____

Swimmer Last Name	First Name	M I	Gender	Birth date	Indicate practice level assignment

Emergency Medical Release: Should a medical emergency arise during my child's participation with a West Shore YMCA/ Northern York School District 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/Northern York School District 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 _____

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COMPETITIVE SWIMMING**
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CHARGE CARD AUTHORIZATION

Family Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

Name Shown on Charge Card: _____

Program Fee Charge Amount: \$ _____

I authorize the YMCA to charge this credit card for the following charges

Card Type: Visa _____ MasterCard _____ American Express _____ Discover _____

Credit Card Number: _____ Exp. Date: _____

Authorized Signature: _____