



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# HEALTHY COMPETITION SKILLS FOR LIFE IN THE POOL

## YOUTH SPORTS

### Competitive Swim Team

### Spring Stroke Clinic

### WEST SHORE YMCA



Our highly successful Stroke Clinic is structured for children between the ages of 6-13 years of age. We have three (3) sessions available, including a Monday/Wednesday session and a Tuesday/Thursday sessions at West Shore YMCA, as well as a Tuesday/Thursday Session at Northern High School. We ask that participants indicate which session they will attend most of the clinic, however you are free to switch days if you have conflicts with other activities. Concentration for all clinics will be on stroke drills, proper stroke technique, and consistency.

#### Clinic Dates

April 15-May 23 2019

#### Fees

- Y Members (not participating with Hampden Ducks Summer Team) \$110
- Y Program-Members \$130 \*\*
- Members of Hampden Ducks or Northern York Summer Swim Team \$65 \*\*

**\*\*All participants must be "Program Members (\$10) of the YMCA**

#### Clinic Times and Locations

M/W 7:15-8:15pm at West Shore Y

T/Th 4:30-5:30pm at West Shore Y

T/Th 5-6pm at Northern High School

#### HARRISBURG AREA YMCA WEST SHORE BRANCH

##### Competitive Swimming

410 Fallowfield Road Camp Hill, PA 17011

P 717 737 9622 D 717 514 2287

E mike@wsyswim.org www.yswim.org

All participants MUST fill out registration form and hand form and fee to staff at Member Service Desk or give to coaches on first day of class



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# COMPETITIVE SWIM TEAM SPRING STROKE CLINIC REGISTRATION FORM

FAMILY 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	Birth date	Indicate days of week and location to attend

Amount Paid:

TU \_\_\_\_\_ Daxco \_\_\_\_\_

Office Use