

# Mixed Age

One Night Per Week

## Stroke/Turn/Sprint Workout

This year we will again offer a one hour per week Stroke/Turn/Sprint Workout with emphasis on racing for swimmer who wish to maintain their skill level but are unable to commit more than one evening during the school year. Swimmers must join USS for insurance purposes but will not be eligible to participate in Social Activities or in USS competitions with York Swim Club. We must limit the program to 40 swimmers. Acceptance will be on first come, first served basis. The York registration form and USS registration forms are both available on our website.

Swimming Dues and the USS registration fee are paid in full at the time of registration.

All swimmers will receive a free team t-shirt and team cap  
(Please fill out the attached sheets)

WORKOUT CODE:	OM1E
AGES	9 AND OVER
DATE:	WED. EVENINGS FROM 9/15/10-5/18/11
TIME:	7:30-8:30 PM
LOCATION:	OAK MARR
COACHES:	JILL KENNEY BARB HINK JACKIE SHAPIRO

<u>COST OF PROGRAM:</u>	
SWIMMING DUES	\$655.00
USS REGISTRATION	\$80.00
TOTAL COST	\$735.00

# STROKE/ TURN/ SPRINT REGISTRATION FORM

THIS YEAR WE WILL OFFER A ONE HOUR PER WEEK MIXED AGE STROKE, TURN, AND SPRINT WORKOUT WITH AN EMPHASIS ON RACING. SWIMMERS MUST JOIN UNITED STATES SWIMMING (USS) FOR INSURANCE PURPOSES. HOWEVER, THOSE SWIMMERS WILL **NOT** BE ELIGIBLE TO PARTICIPATE IN USS SWIM MEETS OR IN YORK SOCIAL ACTIVITIES. THE PROGRAM WILL BE LIMITED TO 40 SWIMMERS. NO REGISTRATION FEE OR MEET ENTRY FEES ARE CHARGED FOR THIS PROGRAM. SWIMMING DUES AND USS FEE ARE PAID IN FULL AT THE TIME OF REGISTRATION. ALL SWIMMERS WILL RECEIVE A FREE TEAM SHIRT AND TEAM SWIM CAP.

## MIXED AGE STROKE/TURN:

AGES 9 AND OVER

DATE: WEDNESDAY EVENINGS FROM 9/15/10-5/18/11  
TIME: 7:30-8:30 PM  
LOCATION: OAK MARR  
WORKOUT CODE: OM1E  
COST OF PROGRAM: SWIMMING DUES \$655.00  
USS REGISTRATION \$80.00  
TOTAL COST \$735.00

## PARENTS

PARENTS LAST NAME _____	FIRST _____		
STREET _____	CITY _____	STATE _____	ZIP _____
HOMEPHONE _____	OFFICE _____	SUMMER CLUB _____	
# OF SWIMMERS REGISTERED _____	AMOUNT ENCLOSED _____		
DATE _____	PARENT SIGNATURE _____		

## SWIMMERS

LAST NAME _____		
FIRST NAME AND <b>MIDDLE INITIAL</b> FOR EACH SWIMMER:		
1. _____ AGE _____	2. _____ AGE _____	3. _____ AGE _____
DOB _____ SEX _____	DOB _____ SEX _____	DOB _____ SEX _____
WORKOUT CODE: OM1E	WORKOUT CODE: OM1E	WORKOUT CODE: OM1E

Mail this form, a USS form (available on website yorkswim.com) and payment to: Janet Brumbaugh, 2215 N. Powhatan St., Arlington, VA 22205. (703-536-6338)

### Assumption of Risk and Release Agreement

In consideration of acceptance of the above for membership in the York Swim Club, the undersigned assumes full responsibility of any injuries, damages or losses which may occur to members or member's property, and hereby releases and discharges York Swim Club and its officers, agents, members and any persons assisting in its activities and functions, and the owners and agents or any of the facilities used by York Swim Club, from any and all claims, demands, rights of action or causes of actions, present or future whether known, anticipated or unanticipated, resulting from or arising out of members participation in its activities and functions.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_