

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	7-14
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 7-14

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 MIDDLE INITIAL 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 _____

ORDER FORM
2010-2011 York Swim Club

All swimmers who register with York Swim Club will receive a:
Free York Swim Club Team T-Shirt and a Team Competition Swim Cap

T-shirt(s) and cap(s) will be distributed at practice in early October. Incomplete or missing order forms will delay or exclude your swimmer from receiving apparel.

LAST NAME: **PHONE #:**

Complete information for EACH swimmer, include swimmer's name, practice group, and t-shirt size.

SWIMMER'S FIRST NAME	SIZE OF T-SHIRT (Please circle size)	WORKOUT CODE
	YL AS AM AL XL XXL	
	YL AS AM AL XL XXL	
	YL AS AM AL XL XXL	
	YL AS AM AL XL XXL	

PLEASE RETURN COMPLETED FORM WITH REGISTRATION FORM!

USA SWIMMING

2011 ATHLETIC REGISTRATION APPLICATION

LSC: POTOMAC VALLEY SWIMMING

PLEASE PRINT LEGIBLY COMPLETE ALL INFORMATION

REGISTRATION DATE OFFICE USE ONLY _____

LAST NAME: _____ LEGAL FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: MO _____ DAY _____ YR _____ SEX: M F AGE: _____ PREFERRED NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ - _____

AREA CODE: _____ TELEPHONE NUMBER: _____ FAMILY EMAIL: _____

CLUB NAME: YORK NAME OF CLUB YOU REPRESENT: YORK SWIM CLUB

OTHER SWIMMING AFFILIATIONS

(check all that apply)

- 0. Junior High School
- 1. Senior High School
- 2. YMCA/YWCA
- 3. College
- 4. Summer Swim League
- 5. Masters
- 6. Disable Sports Organization
- 7. Water Polo
- 8. None

ETHNICITY

Bureau guidelines, you may make up to two choices if appropriate):

- Q. African American
- R. Asian or Pacific Islander
- S. Caucasian
- T. Hispanic
- U. Native American
- V. Other
- W. Decline

U.S. CITIZEN?

YES _____ NO _____

DUAL CITIZEN?

YES _____ NO _____

IF DUAL CITIZEN OR NON-CITIZEN ARE YOU
A MEMBER OF ANOTHER FINA FEDERATION?
YES _____ NO _____

You must complete this form
And return it with your York Registration

If Joining to participate in a learn to swim program, please check here

YEAR LAST REGISTERED _____, IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2010 ENTER THAT CLUB CODE _____ LSC _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB ____/____/____.

SIGN HERE: x _____ (SIGNATURE OF ATHLETE PARENT OR GUARDIAN)