



Webster Swim Association(WSA)

Summer Swim Information

Who*:

All current and future JV/V swimmers, Current modified swimmers, Senior and senior development Blue Fins swimmers, Blue Fins Swimmers sent by coach's recommendation.

Swimmer MUST be a current member of Blue Fins or USA registered

If not please register with: Webster Community Education.

www.websterschools.org/community_education.cfm

Practice Schedules

Swimmer may attend any combination of practice that meets their schedule:

Where and When

Webster Aquatics Center

AM Session will run from July 5th – August 13th

PM Session will run from June 28th – August 19th

AM Session

6:00-8:00 am Monday and Wednesday: swim Short Course

6:00-8:00 am Friday: swim Long Course.

Bluefins coaches

6:30-8:00 am Tuesday and Thursday: conditioning with
Bluefins Coaches and John Doerner (Webster Lakers Girls Varsity Coach)

PM Session

6:00-8:00 pm Monday through Thursday: Short course

Bluefins coaches

Fees

\$110 (must have a 2010 USA card)

Fee due by June 25th, 2010

Make check payable to WSA.

How

Fill out attached registration forms, enclose fee and send to:

Betsy Mulvehill

7 Chevhill Circle

Penfield, NY 14526

Questions

If you are interested and unsure if you qualify or have questions please e-mail or call:

Betsy Mulvehill at tmulvehi@rochester.rr.com #388-6047

Rich Cox RWC58@ROCHESTER.RR.COM #671-5107



Webster Swim Association(WSA) 2010 Summer Swim Registration Form

Please print clearly. All information is required. MUST be USA registered to register with this form.

Swimmer Information

Swimmer's Name: Last _____ First _____ MI _____

Home Address _____

City: _____ Zip code: _____ Home Phone: (____) _____ - _____

Date of Birth: ____/____/____ Age: _____ Sex: **male/female**

Parent/Guardian Names: Father _____ phone (____) _____ - _____

Mother _____ phone (____) _____ - _____

E-mail Address _____

(E-mail is primary method of communication please list your most frequently used e-mail address)

Medical Information

Emergency Contact _____ phone _____

Physician's name _____ phone _____

Please list medical conditions or allergies coaches should be aware of:

Emergency Medical Authorization

I grant permission, in case of injury or illness, to have an athletic trainer, EMT and/ or medical doctor provide emergency

assistance to _____

(First and last name of swimmer)

As parent/guardian/athlete 18 or over, I consent to the participation of the above athlete in the WSA summer swim program and agree to the emergency medical authorization. I agree to have pictures of my athlete on the web page or the newspaper. I also agree to allow the Bluefins to put us on the e-mail list for communication purposes.

Signature _____ date ____/____/____