



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Lincoln / YMCA Swim Team

**Ages** 5-18 years (This is a competitive swim program – participants must be able to swim one length of the pool)

**When** START Date: Monday, October 17<sup>th</sup>, 2011  
END Date: Saturday, February 25<sup>th</sup>, 2012

Scheduled Practice Days: Monday/Tuesday Thursday  
Middle School Swimmers: Monday 7-8pm at Lincoln,  
T/TH 6-7pm *at the SOUTH SUBURBAN YMCA*  
Elementary Swimmers: M/T/TH 6-7pm at Lincoln

\*\*Using 2 pools will allow us to have more room for swimmers, and a low ratio of swimmer to coach. Please notice that the only change in time is for the MS swimmers on Monday evenings at Lincoln.

**Where** Lincoln High School and the South Suburban YMCA

**Fee** \$120 (YMCA Members & Non-members)  
*Registration Deadline: Monday, October 3<sup>rd</sup>, 2011*  
*\*\*Registrations go to the South YMCA with payment*

**Contact** Brayton Weber, Brayton.weber@dmps.k12.ia.us OR coachweber@railswimming.com

Please complete the Registration Form and submit with payment to the South Suburban YMCA

Visit [www.railswimming.com](http://www.railswimming.com) for more information

## **SOUTH SUBURBAN YMCA**

401 E. Army Post Road Des, Moines 50135

P 515 285 0444 [www.southsuburbanymca.org](http://www.southsuburbanymca.org)



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# Lincoln YMCA Swim Team Registration Form

Swimmer's Name	Age	Date of Birth	T-Shirt Size for Child

Sizes: Youth S-Adult XXL

Mothers name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Mothers Work Phone: \_\_\_\_\_

Fathers Work Phone: \_\_\_\_\_

Mothers Cell Phone: \_\_\_\_\_

Fathers Cell Phone: \_\_\_\_\_

Mothers Occupation: \_\_\_\_\_

Fathers Occupation: \_\_\_\_\_

Mothers Email: \_\_\_\_\_

Fathers Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

In my absence and in the event of physical injury to my child(ren), I hereby allow my child(ren) to be treated by a physician or other medical personnel. To properly treat a physical injury, this may mean using ambulance and hospital services in the local area where the injury was sustained.

X \_\_\_\_\_

Date: \_\_\_\_\_

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