



2017 ANSC MINI-CAMP AND TRYOUT REGISTRATION FORM

Location: North Allegheny Senior High School, 10375 Perry Highway, Wexford, PA 15090

Date/Time: Monday, August 28th – Thursday, August 31st
 Swimmers age 10 and under 5:00 - 6:00pm
 Swimmers age 11 and over 6:00 – 7:00pm

Eligibility: Open to all swimmers who are residents of the North Allegheny School District entering kindergarten through 8th grade. It is recommended that participants have a basic level of proficiency in the water and be able to swim 25 yards without stopping. This is not a “learn to swim” camp.

Cost: The cost of the clinic is \$50 per swimmer

Team swimmers will be announced at the conclusion of the session on August 31st.
 For questions please email secretary@anscswim.org

Parent/Guardian Information:

Name of Parent: _____ Date: _____
 Home Ph: # _____ Cell #: _____ Email: _____
 Address: _____

Swimmer(s) Information:

Last Name	First Name	M/F	Age	Date/Birth	Grade	School

PARENT PERMISSION

I hereby give permission for my child(ren) to participate in the ANSC Mini-Camp and Try-out clinic. I understand the nature of the sport of swimming and agree to hold the ANSC, its coaches and all board members harmless for any injuries or claims to my child/children occurring as a result of the clinic. I also give permission for ANSC coaches to seek medical assistance in the event I cannot be contacted, if my child is injured while participating in this program.

 Signature of Parent/Guardian

Please make Checks Payable to ANSC. Payment will be collected at the first day of camp on August 28th.

(To be completed by ANSC Attendant at sign-in desk)
 Payment Type: Cash Check (# _____) Amount Received: \$ _____ Date: ___/___/___