



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SWIMMING LESSONS

EXXONMOBIL YMCA

YMCA Member - \$75/ session	Program Participant - \$125/ session
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Note: Participant must be a member to receive member rate.

Participant's Name: _____ DOB: _____ Age: _____
 Gender: _____ Address: _____ City: _____ Zip: _____
 Home#: _____ E-Mail: _____
 Parent's Name: _____ Phone: _____
 Parent's Name: _____ Phone: _____
 Emergency Contact: _____ Phone: _____

Please complete a separate registration form per child per session. NO MAIL IN REGISTRATIONS WILL BE ACCEPTED!

- Registration ends at 9:00pm the Thursday before the start of a session.
- If warranted, make-ups will take place on Fridays. (ONLY CLASSES CANCELLED BY THE YMCA WILL BE MADE UP)
- In case of low enrollment (2 or less), classes may be combined or cancelled.

<p>Days: Monday - Thursday</p> <p>Dates (check one):</p> <p><input type="checkbox"/> May 28 - June 7 (Session I)</p> <p><input type="checkbox"/> June 11- June 21 (Session II)</p> <p><input type="checkbox"/> July 2 - July 12 (Session III)</p> <p><input type="checkbox"/> July 16 - July 26 (Session IV)</p>	<p>Time (check one):</p> <p><input type="checkbox"/> 6:30 P.M. ADULT (16+)</p> <p><input type="checkbox"/> 9:00 A.M. PRESCHOOL (3-5)</p> <p><input type="checkbox"/> 6:00 P.M. PRESCHOOL (3-5)</p> <p><input type="checkbox"/> 9:30 A.M. YOUTH (6-15)</p> <p><input type="checkbox"/> 5:30 P.M. YOUTH (6-15)</p>
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Written refund requests must be received within 48 hours prior to the close of registration, minus a \$10 processing fee per participant. There is a \$25 charge on all returned checks. The YMCA does not provide accidental/ medical insurance for program participants. I grant the YMCA or its agent's permission to transport my child in the event of an emergency and I am unable to be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to property or injury, which may occur through participation in any activity at the YMCA or in its programs. The YMCA reserves the right to use photographs taken of program participants and their family for marketing and publicity.

I have read and understand the above information. My child has permission to participate in this YMCA program.

Signature of Parent/ Guardian

Date