



Aquatic Program Registration Form 2012 Winter/Spring Indoor Swim Lessons

Payer Name* _____

Date Of Birth (MM/DD/YYYY)* First ____ / Middle ____ / Last ____ **Payer ID #** _____

Primary Email* _____

Primary Phone* _____ **Type*** _____ (Home/Cell)

Participant Name* _____

Date Of Birth (MM/DD/YYYY)* First ____ / Middle ____ / Last ____ **Participant ID #** _____

Session 4 ____	Session 5 ____	Session 6 ____	Session 7 ____
Track Out ____	First Strokes ____	Competitor ____	Lifeguarding ____

Cary Family YMCA Winter/Spring Indoor Swim Lessons

The above participant is a:

- New Participant
- Returning Participant

Cancellation Policy

The Cary Family YMCA requires written notice of cancellation two weeks prior to the program session start date in order to grant a refund. Refunds are not granted if requests are made less than two weeks prior to the session start date or after the program is already in session. There is a non-refundable \$15.00 fee per child, per class (\$50.00 for Lifeguard and Mini/Jr. Competitor). Non-attendance does not entitle you to a refund. This includes, but is not limited to, illness, drop/add, vacation, or inclement weather. All program lesson fees are still owed and will be billed in the event of non-attendance. Class change and/or transfer requests are granted based on program availability. There is no transfer fee. If the Cary Y cancels a class due to insufficient enrollment we will try to place you/your child in another class. If another class is not available a full refund may be given. However, refunds, credits, and make-up classes may not be offered for classes cancelled due to circumstances beyond our control. This includes, but is not limited to, illness, pool availability, unforeseen facility operations, and inclement weather. Please see a Youth Information Form for additional policies.

Participation Agreement

I hereby state that I am / my child is in proper health and capable of safe participation in the Swim Lesson Program. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain transportation and medical treatment for me/my child in the event that a Parent or Emergency contact cannot be reached.

I have read and understand the Cancellation/Refund Policy and Participation Agreement

Signature*: _____ Date: ____ / ____ / ____

(Parent/Guardian signature is required for participants under the age of 18 years)

CARY FAMILY YMCA

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