Group Swim Lesson Registration FormRegister in Person at either YMCA

Currently Registering for January February March April May			
□September □October □November □December			
<mark>Please Print Neatly</mark>			
Student's Name		D.O.B	Age
Address	City		Zip
Primary Contact	Phone Number		
Email Address		_	
Secondary Contact	Phone Number		
\$50 Members * \$100 Non-Members * Payment			
CANCELLATION POLICY: All swim lessons must be paid in full at th quested 5 business days before the start date of the first class. 50°s before the first day of class. After the first day of class no refunds UP CLASSES FOR ANY SWIM LESSON if participant is absent. All gropants, classes which do not meet the minimum will be combined with celled. Classes cancelled by the YMCA of Abilene will be offered full YMCA POLICY & WAIVER: By my signature and my free will, I do he of Abilene from any and all claims or demands, costs or expense arises.			
YMCA POLICY & WAIVER: By my signature and my free will, I do he of Abilene from any and all claims of demands, costs or expense aris any party to or for whom I am responsible. I hereby give my consent poses (the photos will only be used for YMCA or United Way purpos for my child to be photographed for publicity purposes (your child's purposes). Signature	for this child to es). Photo Releas photos will only l	_	hed for publicity pur- ve or give my consent MCA or United Way
FOR OFFICE USE ONLY: Amount Pd: Re	ceipt #		

IMPORTANT: The *REGISTRATION DEADLINE* for ALL classes is the 25th of each month. All classes will begin the week of the 1st Monday of each Month. Classes will be combined is they do have enough registrations. *ALL SCHEDULES are subject to change according to numbers, instructor schedules and / or pool schedules.*

Contact Sunday: Your Swim Coach will contact you on **Sunday** before Monday classes begin.





