

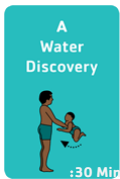


# November 2018 Group Swim Lessons

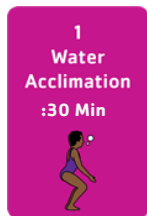
FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

10/30/2018-11/27/18 Register by Oct. 25, 2018

<b>Student's full name:</b>		<b>Fee:</b> <input type="checkbox"/> \$50 Member <input type="checkbox"/> \$100 Non-Member	
<b>Program cycle (choose one cycle only):</b>		<input type="checkbox"/> Tue/Thurs or <input type="checkbox"/> Saturday	
<b>Swim Lesson Stage:</b>		<b>Student Age:</b>	
<b>Student's gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Student's birth date (MM/DD/YYYY):</b>	
<b>Name of parent/caregiver:</b>		<b>Y Member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Home address (city, state, zip code):</b>		<b>Phone:</b>	<b>Email:</b>
<b>Emergency contact:</b>		<b>Emergency phone:</b>	
<b>PAYMENT INFORMATION</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other: <b>Payment ID#</b> _____		<b>CANCELLATION POLICY:</b> All swim lessons must be paid in full at the time of registration. Full refunds only given if requested 5 business days before the start date of the first class. 50% refund will be given if cancelled 4 business days before the first day of class. After the first day of class no refunds will be given, whether or not child attends. NO MAKE-UP CLASSES FOR ANY SWIM LESSON if participant is absent. All group classes must meet the minimum number of participants, classes which do not meet the minimum will be combined with another class, time, and/or date as needed or cancelled. Classes cancelled by the YMCA of Abilene will be offered full refunds.  <b>YMCA POLICY &amp; WAIVER:</b> By my signature and my free will, I do hereby agree to indemnify and save harmless the YMCA of Abilene from any and all claims or demands, costs or expense arising out of any injuries or damages sustained by me or any party to or for whom I am responsible. I hereby give my consent for this child to be photographed for publicity purposes (the photos will only be used for YMCA or United Way purposes). Photo Release: I hereby give or give my consent for my child to be photographed for publicity purposes (your child's photos will only be used for YMCA or United Way purposes).  <b>Print Name:</b> _____ <b>Sign Name:</b> _____	



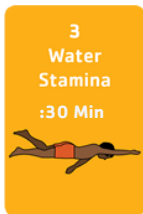
- 6 Months – 1 year  
Saturday  
10:00am
- Ages 1 yr– 3yr  
Saturday  
9:30 AM  
SEPT.29-Nov.17TH



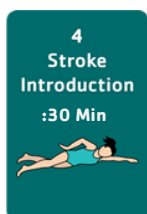
- Ages 3–5  
 T/TH 5:00
- Ages 6–12  
 T/TH 5:30



- Ages 3–5  
 T/TH 6:00P
- Ages 6–12  
 T/TH 6:00P



- Ages 3–5  
 T/TH 6:30
- Ages 6–12  
 T/TH 6:30



- Ages 3–5  
 T/TH 7:00P
- Ages 6–12  
 T/TH 7:00P



Schedule Private Lessons



Schedule Private Lessons