



YMCA SWIM ACADEMY

MONTHLY ENROLLMENT



MONTHLY CLASS ENROLLMENT

We've made it easier than ever to learn to swim. Sign up now to be enrolled in perpetual swim lessons and never worry about losing your spot. Lock in your child's on going monthly swim lesson and be auto charged monthly. Want to change or put a class on hold? You can do so at any time. Just circle which class you like below, fill out the attached form and we'll do the rest.

<u>Circle</u>	Age	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Stage A/Stage B	6m-3y	4:30pm					9:00am	9:00am
Stage 1	3-5y	4:00pm, 5:45pm		5:30pm	4:00pm		10am, 11:30am	9:00am, 10:00am, 11:00am
Stage 2	3-5y			4:30pm			9:00am, 10:30am	9:30am, 10:00am, 11:30am
Stage 3	3-5y		4:00pm	5:00pm	4:30pm		9:30am, 11:00am	9:30am, 10:30am
Stage 1	6-12y		4:30pm				11:00am	10:30am
Stage 2	6-12y		5:00pm	4:00pm	5:00pm		10:30am	9:00am, 10:00am
Stage 3	6-12y		5:30pm		5:30pm		10:00am	9:30am, 10:30am
Stage 4	6-12y	5:00pm					9:30am	11:15am
Stage 5	6-12y						11:30am	11:15am
Y-Abilities	All Ages							12:00pm, 12:30pm
Swim Team	6-16y		4:30pm		4:30pm	4:30pm		
Private Lessons	All Ages	Contact Morgan Pritchard, at MEPritchard@oldcolonyymca.org for more information						

Monthly Tuition

Member: \$49
 Non-Member: \$75

Participants will be charged on the 10th of each month, for the upcoming month's swim session. Opt out any time.

ONE REGISTRATION DOES IT ALL!

Contact:

Morgan Pritchard
MEPritchard@oldcolonyymca.org
 508-947-1390 x14

SWIM LESSON MONTHLY ENROLLMENT

Swimmers Name: _____		Date of Birth _____	
Parent/Guardian Name _____		Date of Birth _____	
Street Address _____	City _____	State _____	Zip _____
Email _____		Phone _____	

PAYMENT SCHEDULE

Class Name _____ Day: _____ Time: _____

Start Date: _____ I will be billed \$ _____ monthly on the 10th of each month.

I understand this tuition payment will continue until my registration is changed via a Swim Enrollment Change Form. I can opt out or change lessons at any time by completing the change form, in writing within 30 days prior to the start of the next billing cycle. I also understand participants cannot make up classes missed due to schedule conflicts, short-term illness or vacation. OCY will issue make-ups or credits for any classes cancelled or postponed by our YMCA. We will also issue credits for medically based misses with a doctor's note.

Parent/Guardian Signature _____

CREDIT CARD PAYMENT INFORMATION

Childs Name _____ Date _____

Name on Card _____

Credit Card # _____ Card Type _____

Expiration Date _____ CRV # _____ Payment Amount \$ _____

Signature of credit card owner _____

A. PHOTO WAIVER

It is understood and agreed that the Old Colony Y reserves the right to take and utilize pictures, likenesses, videos, and testimonials of participants for promotional purposes including, but not limited to; reports, publications, brochures, emails, our website, and other instances of online presence. *If you do not approve, please write "DO NOT PHOTO" HERE: _____

B. LIABILITY FORM

I, the undersigned _____ (legal relationship to student, e.g., "parent," "guardian") of _____ (name of student) ("my child"), a minor, do hereby consent to my child's participation in voluntary athletic or Recreation programs of the Old Colony YMCA. I also agree to forever release the Old Colony YMCA, to all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Old Colony YMCA ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary camping, athletic, or recreation programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in Old Colony YMCA's camping, athletic, or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Old Colony YMCA or recreation programs.

Signature _____ Date _____

Guardian of _____