



Spring 2010 Private Swim Classes Registration Form (718) 646-1444

Parent Name _____ Date _____ SFY Member Yes / No

How did you hear about us? Returning student ___ Press ___ Web ___ Radio ___ Friend ___ Emails ___ other _____

Address _____ City _____ Zip _____

Email Address _____ Primary language _____

Phone, Primary # _____ Secondary # _____

Child's Name _____ M / F Date of Birth _____

Child's Name _____ M / F Date of Birth _____

Medical Conditions _____

Policies please read and initial:

- _____ We offer a satisfaction guarantee on all of our lessons; therefore there are **NO REFUNDS FOR ANY REASON.**
- _____ If I need to discontinue lessons, effective immediately, any charged balances will be kept in my account at Shorefront Y until I choose to resume lessons; or any other service we offer. However, the Shorefront Y charges \$25 administration fee per program change, before/after the program has begun (space permitting).
- _____ All programs are subject to minimum and maximum enrollment. The Shorefront Y reserves the right to cancel any program due to insufficient registration. In such cases, you will receive notification and a full refund for the class that is cancelled.
- _____ I understand that there is a risk involved in some physical activities and I take full responsibility for the risk associated with my child's participation in same.
- _____ I authorize Shorefront Y to use email as the best means of communication for any updates and announcements regarding Shorefront Y activities and **ONLY FOR THIS PURPOSE.**
- _____ I give unconditional permission to the Shorefront YM-YWHA to photograph me and/or members of my family and to use the photographs to publicize the Shorefront Y and its activities.
- _____ We expect all children to behave in a proper and respectful manner when they are at the Shorefront Y and in class. If a child's behavior while at the Y is consistently problematic the Shorefront Y reserves the right to terminate participation in our programs.

I have read the above policies and understand their content, and I have received a copy of this statement.

Signature of Parent or Guardian _____ Date _____

PLEASE MAKE ALL CHECKS PAYABLE TO SHOREFRONT YM-YWHA

Group: Private Swim (Mon, Wed, and Fri)
Duration: April 7, 2010 - June 25, 2010
5:00pm-6:00pm

Rates:

<u>1 Hour</u>	<u>\$60</u>
<u>45 Minutes</u>	<u>\$50</u>
<u>30 Minutes</u>	<u>\$40</u>

Please pay in full for your lessons prior to each session.

For office use only

Group:	Group:	Group:
Day:	Day:	Day:
Time:	Time:	Time:

(\$Paid)	(Date)	(Receipt#)	(Period paid for:)
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(\$Paid)	(Date)	(Receipt#)	(Period paid for:)
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Please complete this form:

Date: ___/___/_____ Name of Person Applying for Lessons _____ Age _____

Parent's name (if participant is under 18 years old) _____

*Please mark the best way to contact you

Has participant had swimming lessons in the past? yes no

If yes, when, where, and what level? _____

Preferred times and days*:

I have no preference of day

I have no preference of times

	Monday	Tuesday	Wednesday	Thursday	Friday
Between the hours of 8:30 am-noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between the hours of noon-4:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between the hours of 7:30 pm-10:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***The instructor will do his/her best to meet your needs.**

Members of Shorefront Y will be scheduled first.

Non-members will be considered if there are available slots left.

Lessons are cancelled if you are 10 minutes late.