



# Kings Bay YM-YWHA

3495 Nostrand Avenue, Brooklyn, NY 11229

## Aquatics Registration Form

### Personal Information

Participant's Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: ( ) Cell Phone: ( )

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Membership  Yes  No If yes, expiration date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
Last First M.I.

Emergency Contact: \_\_\_\_\_

### Participation Information

Level	Day	Time	# of Sessions	Fee

### Payment Information

Cash  Check  Credit Card

I hereby give authority to the Kings Bay Y staff to obtain necessary emergency treatment for my child with the understanding that the family will be notified as soon as possible.

I give permission to the Kings Bay Y to take photographs to be used on promotional materials and I release the Kings Bay Y from any claims that may result from the pictures taken on or after this date.

**Refund policy:** All classes are appropriately limited in size to provide maximum benefit to participants. If a class is cancelled before classes begin, participants will receive a refund in full. If a class is cancelled after the first class, participants will receive a pro-rated refund. If a registrant withdraws prior to the first class, a 10% administrative fee will apply. If a registrant withdraws after the first class, a pro-rated refund will be given and a 10% administrative fee will be charged. No refunds are given after the second class. Participants are allowed **one** make-up class within the current session. Refunds are not available for late registration. **No refunds will be issued for any classes missed or cancelled after the first two lessons.** The Kings Bay Y will attempt to offer make-up classes.

**I have read and accept the terms of the refund policy as stated above.**

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE: Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Initials: \_\_\_\_\_