



GREENWICH YMCA
PRE-TEAM REGISTRATION 2018
SPRING SESSION APR 6-JUN 17

DATE SUBMITTED:

Participant Name: _____ D.O.B.: _____ Gender: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Text? Yes No Email: _____
 Additional Info/Special Considerations: _____

PRE-TEAM 7A & 7B
FRIDAYS 6:30PM - 7:30PM
SUNDAYS 1:30PM - 2:30PM

No classes April 9- 15, May 18-20, May 26-28, Jun 22-24

Our front desk staff can assist you in signing up for classes and programs. Forms may be downloaded from our website greenwichymca.org. Participants may only attend classes for which they are registered.

- 7a Competitive Track** - Student is proficient in all four strokes and is interested in joining a competitive team.
- 7b Non-competitive Track** - Student is proficient in all four strokes and is interested in developing skills in a non-competitive environment.

FAQ's
How will I know what class/session I am in?
 Your receipt is your confirmation.

Can I have make-ups if I miss a class?
 Absences will not result in any refund of class fees. Classes that are canceled by the YMCA will be rescheduled for make-up if possible or issued a class credit. For more information on cancellation/absences see our Program Registration & Policies.

If I am registered in a current class will it roll-over to the next session?
 All current class participants must re-register prior to the start of each session.

If my class is canceled how will I know?
 Communication will be sent via email, unless emergency. Please list above the best contact information.

WAIVER: (must be signed for participation)
 I understand that the YMCA of Greenwich assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program and the use of any equipment, exercise or other activities. I expressly acknowledge that I assume on behalf of my heirs and myself the risk for any and all injuries and illnesses, which may result from my participation in these activities. I hereby release the YMCA of Greenwich, its officers, directors, members, employees and agents from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. In an emergency, I authorize the YMCA of Greenwich to administer first aid by trained staff and to obtain emergency medical treatment for any person listed on this application. I accept responsibility for all fees incurred in the care and transportation. I understand that the YMCA of Greenwich is not responsible for personal property lost or stolen while members and/ or program participants are using YMCA facilities or on YMCA premises. I give my permission to the YMCA of Greenwich to use, without limitation or obligation, photographs, film footage or tape recordings that may include my image or voice for promoting or interpreting YMCA programs. I acknowledge the Waiver and accept the conditions set forth above and in the Program Brochure and being in sympathy with the goals and purposes of the YMCA, hereby register for program participation.

I/We agree to abide by all rules and policies established by the YMCA of Greenwich.

Parent Signature: _____ Date: _____

Please select:
 FRI SUN FRI/SUN

TOTAL REGISTRATION FEE _____

METHOD OF PAYMENT Check Visa Mastercard Amex

Credit Card No. _____ Exp. Date _____

Signature _____

CURRENT MEMBERS		
Duration	1 Day	2 Days
8 Weeks	\$200	\$400