



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Masters Swim Registration Form

CHASCO FAMILY YMCA

GENERAL INFORMATION

The CHASCO YMCA Masters Swimming Program offers anyone 18 years of age or older a fun and safe way to improve physical and mental well-being through swimming. Our program, which is designed for Level 1-3 swimmers, will provide expertly designed training programs, stroke mechanics instruction and goal-setting. Each class is a specialized 60-minute swim workout that offers swimming technique instruction, interval training and endurance distance training. Of note, it is highly recommended that you are evaluated by one of our Master Swim Coaches before registering.

Evaluation Times: Monday / Wednesday 6:15am, 9:15am & 12:45pm
Friday 6:15am
Saturday 8:45am

Monthly Fees: Y Members: \$35 per month Non-Members: \$45 per month
- This program is on a mandatory automatic bank / credit card draft requiring 14-day notice to cancel.

Registration: Please sign up at the CHASCO Family YMCA Member Services Desk (512-246-9622).

CLASS TIMES*

YEAR-ROUND SCHEDULE		
Swim Level	Days	Times
Level 1-3 Swimmers	Monday - Friday	5:30-6:30am
	Monday	9:30-10:30am
	Monday, Wednesday & Friday	11:45am - 12:45pm
	Tuesdays & Thursdays	9:30-10:30am
	Saturdays	8-9am

* Once registered, you may attend any class listed above (Level 1, 2 or 3). You will be placed by the Masters Coach in a lane with swimmers of the same level.
No classes will be held on the following holidays: Jan. 1 / May 30 / July 4 / Aug. 22-26 / Sept. 5 / Nov. 24 / Dec. 24 / Dec. 25 / Dec. 31

Y STAFF ONLY

Required forms with drafting information submitted (1516A).

Staff Initials: _____



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BANK DRAFT – Membership & Programs

YMCA of Greater Williamson County

I (we), hereinafter called the MEMBER, hereby authorize the YMCA of Greater Williamson County, hereinafter called the Y, to charge or initiate debit entries to the MEMBER'S checking or savings in the financial institution named below in an amount equal to the monthly membership / program fee(s) for the Y. MEMBER understands that the present monthly membership / program fee(s) is set below as the "Monthly Draft Amount" but that the Y reserves the right to increase such fee(s) and that this authorization to charge MEMBER'S account shall extend to such increased amount unless MEMBER elects to cancel this authorization in accordance with the terms of this agreement. This agreement shall also authorize and instruct the financial institution named below to debit or charge MEMBER'S account an amount equal to the monthly membership / program fee(s) as established from time to time by the Y.

If MEMBER'S account balance is not sufficient to cover the transfer, or **if a rejection results due to a change in the account of which the MEMBER has not notified the Y in writing at least 14 days in advance**, the membership / program information will be forwarded to collections and MEMBER must pay the Y the monthly membership / program fee(s) before the first of the following month. MEMBER will be restricted from use of the Y's facilities and its programs until MEMBER'S membership / program account is current. If any item is returned unpaid, the Y will assess a \$30 service charge.

If MEMBER wishes to terminate MEMBER'S Y membership, MEMBER must submit a signed "Membership Cancellation" to the Y and all membership cards must be returned. **Membership cancellations requires 14 days to stop MEMBER'S bank draft order; if MEMBER'S regular bank date falls within this 14-day period, MEMBER'S account will be drafted for membership / program fee(s).** It is the responsibility of the MEMBER to notify the Y of any bank account or credit card changes at least 14 days prior to the MEMBER'S next bank draft date. It is the responsibility of the MEMBER to notify the Y of any address changes.

Y members will be given 30 days notice, in writing, of any monthly rate change. Membership cards remain the property of the Y and must be surrendered upon demand. This authority is to remain in full force and effect until the Y has received notification from MEMBER in writing.

Date: _____ Signature: _____ Member ID #: _____

BANK DRAFT INFORMATION TO BE USED FOR FOLLOWING Y FEES

Membership Mother's Day Out Martial Arts Dance Gymnastics Other: _____

Name on Acct. / Card	
Address on Acct. / Card	
Bank Name for Acct. / Card	
Phone Number (Day / Evening)	
Program Participant Names	

PLEASE SELECT BANK ACCOUNT OR CREDIT / DEBIT CARD

Checking Savings - Both options require VOIDED check

Bank Routing Transit / ABA # - 9 digits	
Bank Account #	

MasterCard Visa Discover - Debit or Credit Card

Card # - 16 digits	
Card Expiration Date	
Card Security Code - 3 digits	

Y STAFF USE ONLY

Monthly Draft Amount	\$
Draft Start Date: 1st or 15th	
Voided Check or Card Copy	
Y Staff Initials	

PARTICIPANT INFORMATION & WAIVER

PARTICIPANT 1 NAME: _____ GENDER: _____ AGE: _____

PARTICIPANT 2 NAME: _____ GENDER: _____ AGE: _____

ADDRESS: _____

D.O.B.: _____ CITY: _____ STATE / ZIP: _____

PARENT / GUARDIAN NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

MEDICAL CONCERNS (please list any special conditions or limitation your child may have as well as any food, medicine or plant allergies, previous or existing illness, medications, hospitalizations, or medical requirements within the past 12 months):

Please **INITIAL or ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that I require emergency medical treatment, I hereby authorize the Y staff to make arrangements to transport me to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for myself during this time.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

_____ **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of myself involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted within the aquatics department unless a physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are at the discretion of the aquatics director. Classes cancelled due to inclement weather, holidays, illness or unforeseeable circumstances will not be rescheduled, refunded or prorated. A 14-day notice is required to cancel your automatic bank draft, which is required for this class. A written notice must be completed at the Member Services Desk. Of note, a change in level must be approved by the swim coach or instructor.

_____ **Additional Notes (REQUIRED):** I understand that all participants will need a swim evaluation in order to register. Financial assistance is available for all those who qualify. For any questions or concerns, please contact the CHASCO Family YMCA at (512) 246-9622.

By signing below, I agree that I have read and understand all of the above information as it relates to CHASCO Family YMCA aquatics programs.

Participant Signature: _____ Date: _____