



North York Aquatic Club

12 Bannockburn Ave, North York, ON M5M 2M8, PH (416)785-0430 FX (416) 785-9697 e-mail: nyacswim@yahoo.ca

REGISTRATION FORM – WAVES PROGRAM SPRING SESSION

Swimmers Name _____ M / F Birthday: Day _____ Month _____ Year _____

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Address: _____
Street Number & Name City Postal Code

Home Phone # _____ E-mail: _____

Mothers Name: _____ Work #: _____

Fathers Name: _____ Work #: _____

Please choose session and group:

SESSION: Spring January 31, 2010 – May 19, 2011

- Group 1** Forest Hill CI Tuesday & Thursday 5:00-6:00 pm
- Group 2** Havergal College Tuesday & Thursday 7:15-8:15 pm
- Group 3** Havergal College Friday 7:30-8:30 pm
- Group 4** Northern SS Monday & Wednesday 5:00-6:00 pm
- Group 5** AY Jackson SS Wednesday & Friday 6:30-7:30 pm
- Group 6** Newtonbrook SS Thursday 6:45-7:45 pm
- Group 7** Northern SS Tuesday 5:00-6:00 pm
- Group 8** Northern SS Tuesday 6:00-7:00 pm

Payment options:

Fees must be paid in full by post dated cheques (payable to “NYAC”) or credit card (Visa, Master card).
\$25.00 will be charged for non-sufficient payment.
Please note that a 2% service charge is included in the Fees payment if paid by Credit card.

Payment of Fees (please check one)

Single Payment due at the registration

\$400.00 group 1, 2, 4 & 5 210.00 group 3, 6, 7 & 8 Cheque
\$408.00 group 1, 2, 4 & 5 214.00 group 3, 6, 7 & 8 Visa MC

Credit Card authorization:

Card #	Expiry Date	Month:	Year:
Name (as printed on the card)	Signature:		

Refund Policy

A full refund minus \$20.00 administration fee if NYAC Waves office receives request in writing before session begins. You will receive a pro-rated refund (number of practices attended) minus \$30.00 administrative fee when the NYAC Waves office receives request in writing after session begins. Tax receipts for payments received in 2009 will be issued in January 2010.

Waiver clause: In the event of, and consideration of my application being accepted, I do hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages which I or any child included in my application may have against the North York Aquatic Club and/or the City of Toronto for injuries sustained while participating in the NYAC Waves.

Signature of Parent/Guardian

Date

Total Fee Paid