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

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: □ **Fall** September 28, 2009 – January 29, 2010
□ **Spring** February 2, 2010 – May 28, 2010

□ **Group 1**	Douglas Snow Aquatic Centre	Tuesday & Thursday	4:45-5:45 pm
□ **Group 2**	AY Jackson	Tuesday & Thursday	5:00-6:00 pm
□ **Group 3**	Havergal College	Tuesday & Thursday	7:15-8:15 pm
□ **Group 4**	Forest Hill CI	Tuesday & Thursday	5:00-6:00 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	**One session $398.00**	□ Cheque	**Two sessions $775.00**	□ Cheque
	One session $406.00	□ Visa □ MC	**Two sessions $790.50**	□ Visa □ MC

Installment payments: **Two sessions only**

Due Date	**Cheque** □	**Visa** □ **MC** □
September 20, 2009	387.50	395.25
January 20, 2010	387.50	395.25

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