



GHYMCA SWIM SCHOOL 2024-2025 EFT Registration & Change Form

Branch _____

A. Participant Name: _____
(first) (MI) (last)

Address: _____

Town/City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Preferred Phone:** _____

Swim School Enrollment Process

- 1) Complete and submit this form by drop off, fax, or email to Aquatic Coordinator
- 2) Register in person or online for your class
- 3) Keep an eye out for an email confirmation

If you receive a YMCA scholarship, this will be reflected in your monthly payment. Please use one form per participant.

Tuition payments are drafted monthly until changed in writing using this form.

Any adjustments to program rates will be provided in writing with at least 30 days advanced notice.

B. REGISTER NEW PARTICIPANT (1 swimmer per form)

I am registering for:

PRESCHOOL	YOUTH
<input type="checkbox"/> Parent Child (Stage A-B)	<input type="checkbox"/> Stage 1 Water Acclimation
<input type="checkbox"/> Stage 1 Water Acclimation	<input type="checkbox"/> Stage 2 Water Movement
<input type="checkbox"/> Stage 2 Water Movement	<input type="checkbox"/> Stage 3 Water Stamina
<input type="checkbox"/> Stage 3 Water Stamina	<input type="checkbox"/> Stage 4 Stroke Introduction
<input type="checkbox"/> Stage 4 Stroke Introduction	<input type="checkbox"/> Stage 5 Stroke Development
	<input type="checkbox"/> Stage Stroke Mechanics

ADULT	AQUA BUDDIES
<input type="checkbox"/>	<input type="checkbox"/>

CHANGE STAGE (per Aquatic Coordinator recommendation)

I will be moving:

FROM STAGE: _____ TO STAGE: _____

REASON FOR STAGE CHANGE: _____

HOLD OR CANCEL (30 days written notice required)

Please change the status of my swimmer's enrollment to:

Cancel Hold

My swimmer's last day will be: _____

Reason for cancel/hold: _____

Note: Membership holds and cancellations require a membership change form.

C. PLEASE INDICATE YOUR PREFERRED DAY & TIME

Choice 1: _____

Choice 2: _____

REFUNDS

A full refund will only be issued for withdrawals received in writing before the 1st class. A pro-rated refund will be issued for withdrawals after the 1st class. Refunds after the 2nd class are provided only with a doctor's note for the unused portion. Deposits to secure a spot in a program or for a facility rental are always non-refundable.

D. Notice to Electronic Funds Transfer (EFT) Pay Members

It is my complete understanding that if I wish to terminate my child's enrollment, I must give the YMCA thirty (30) days written notice prior to my swimmer's withdrawal date. I understand that I will be notified at least 30 days in advance of any changes to my monthly payments. I understand that the monthly debit to my account is a continual draft until the YMCA receives thirty (30) days written notice of cancellation. Should any pre-authorized check/charge (EFT) not be honored by my financial institution, it is understood that the payment is to be made by me in the amount of said payment, and I realize that I am responsible for that payment, plus a service charge. This service charge does not include possible fees imposed by my financial institution. I understand that if two EFT payments are rejected, my swimmer's enrollment will be terminated.

I, _____, read, understand and agree to the statement above.

first & last name

Member Signature _____ Date _____

E. CREDIT CARD/DEBIT CARD

TYPE VISA MASTERCARD AMEX DISCOVER

Name on Card _____ Card Number XXXX-XXXX-XXXX-_____ provide the last 4 digits

EFT Financial Institution _____ Name on Account _____

Routing Number _____ Last 4 Digits of Account Number _____

Note: if this billing information is not currently on file with us, please stop at the Welcome Center to store this information in your electronic wallet.

Authorized Signature of Account Holder _____ Date _____

Use of Third Party Vendor for Payment and Collection

It is my/our complete understanding that YMCA of Greater Hartford uses a third-party vendor to collect payments from members and to collect unpaid amounts or fees, including but not limited to the resubmission of any returned checks or dishonored payments. I/we agree and consent to the YMCA of Greater Hartford providing the personal information in this membership application to the third-party vendor in connection with the payment of any amount due under this membership application or the collection of any unpaid amounts or fees, including collection fees.

Member Signature _____ Date _____

Staff Verification _____ Date _____