



# Neptunes Contract: Fall/ Winter 2017/2018

(Please print clearly. One form per child.)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ Parent/Guardian Name 2: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

### Fee Payment Options and Information:

- 1 You may pay your fee in full by cash, check or credit card. (Credit Cards Accepted: MasterCard / Visa / Discover/ Amex)
- 2 **A credit card is required if you choose the 2-month payment option; we will charge your credit card as noted on the due dates listed below.**
- 3 The YWCA does not send bills. If there are any outstanding balances for fees the swimmer may not be allowed to participate in any YWCA program until all balances are paid.
- 4 **Additional youth membership is required to be current through the end of the session.** Membership fees are non-refundable.
- 5 Participation on the Neptunes is extended on an annual basis, and is determined by swimmer ability, attendance, conduct, and ability to participate as a team player. In addition, swimmers may contact the Aquatics Office to be evaluated for the Neptunes Club. Assessments will continue until all slots are filled.
- 6 There are *no refunds* for missed practices or absences.

Group	Code(s)	Days & Times	Fall/Winter 2017/2018 September 11, 2017- March 14, 2018
Neptunes Ages 7+	AQNEP	Mondays & Wednesdays 4:15 – 5:15	\$ 1410.00

### Refund Policy

There are **no refunds or credits for missed practices or absences.** The full program fee is the responsibility of the participant regardless of the actual amount of practices attended.

Please sign below indicating your acceptance of the terms of this contract.

\_\_\_\_\_  
Signature-Parent or Guardian

\_\_\_\_\_  
Date

### PAYMENT AGREEMENT:

Please check payment plan option:

\_\_\_\_\_ I agree to make the payment in full.

\_\_\_\_\_ I agree to make the 2 monthly installment payments for the Level above. **First payment of 50% is due at registration. 2<sup>nd</sup> payment is due on November 15, 2017.** Please charge these payments to the credit card listed below.

### CREDIT CARD INFORMATION

Cardholder's Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

MasterCard / VISA / AMEX / Discover # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_ CSV# \_\_\_\_\_

For Office Use Only. Payments processed: \_\_\_\_\_ 1st \_\_\_\_\_ 2nd