

YMCA OF SIMCOE/MUSKOKA PROGRAM REGISTRATION FORM

For your convenience we have simplified program registration. Simply drop off your completed Registration Request Form to your Membership Sales and Service Desk. Registration will be on a first come first serve basis. A YMCA Membership Sales and Service Representative will be in contact with you to confirm your registration.

Member's Name: _____ Birth Date: _____
(First Name) (Last Name)

Parent/Guardian Name: _____

Address: _____ Postal Code: _____

Email: _____ Phone Number: _____

Registration Confirmation by: phone email In the event of a program cancellation, notify me by: phone email

AQUATICS	Swimming Lessons (All members are entitled to ONE Swimming Lesson per session.)				REGISTERED		OFFICE USE ONLY
	Swim Program ONE:	Day: _____	Time: _____	Last Level Passed: _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	
				<small>(if known)</small>			
	Alternate to ONE*:	Day: _____	Time: _____	Last Level Passed: _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	
			<small>(if known)</small>				
*NOTE: If <u>Session ONE</u> and <u>Alternate to ONE</u> are not available the member will be added to Session ONE waitlist.							

LAND	Registered Programs (All members are entitled to TWO Registered Programs per session.)				REGISTERED		OFFICE USE ONLY
	Program ONE:	Program Name: _____	Day: _____	Time: _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	
	Alternate to ONE:	Program Name: _____	Day: _____	Time: _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	
	Program TWO:	Program Name: _____	Day: _____	Time: _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	
	Alternate to TWO*:	Program Name: _____	Day: _____	Time: _____	Y <input type="checkbox"/>	N <input type="checkbox"/>	
*NOTE: If <u>Program ONE/TWO</u> and <u>Alternate to ONE/TWO</u> are not available the member will be added to Program ONE/TWO waitlists.							

Please note that memberships have to be active and in good standing to register for programs. **Schedule and Form available at www.ymcaofsimcoemuskoka.ca**

For registered programs requiring a fee, please indicate payment method:

Visa Mastercard

Card Number: _____

Name on Card: _____ Expiry Date: _____ / _____

Signature: _____

Office Use Only:	
<input type="checkbox"/> Registration complete	Staff Initial: _____
<input type="checkbox"/> Phone/email confirmation complete	Staff Initial: _____

