

# Gigglebugs

90 Minute Class for ages 3-6

Giggle Bugs is a class that consists of tumbling and movement to music. The instructor will meet you and your child in Dance Studio 2 at 9:15 AM. This is a fee-based class that runs in four week sessions on Monday or Wednesday or Friday. Registration for these classes can be made at the Youth Programs Office. Children participating should no longer need diapers and wear sneakers to this program.

Class Times

9:15am-10:45am     \$35.00/month

You can choose:

Monday or Wednesday or Friday.

# Gym & Swim

90 Minute Class for ages 3-6

Your children will love this exciting and energetic program that combines recreational swim and gym activities. Children will meet in the activity room on Tuesday or Thursday morning at 9:15 am. Children should arrive with their swimsuit on under their clothing. This is a fee-based class that runs in four week sessions. Registration can be done with at the Youth Programs Office. Children participating should no longer need diapers and wear sneakers to this program.

Class Times

9:15am-10:45am     \$35.00/month

You can choose:

Tuesday or Thursday



# 2011/2012 (Sept-May) Gigglebugs & Gym and Swim Registration Form

Gigglebugs:  Monday  Wednesday  Friday

Gym & Swim:  Tuesday  Thursday

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

2nd Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Alternate Adult: \_\_\_\_\_ (Must be allowed to pick up your child)

Parent/Guardian Permission Release: I do hereby allow my child or ward to participate in any program function sanctioned by HAC. I release HAC and its staff from all claims of any injuries sustained by the above child while participating in any HAC sponsored activity/program. If medical attention is required for my child, I give permission for such care to be administered.

Parents Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## HAC Gigglebugs & Gym and Swim EFT Agreement

I hereby authorize Hockessin Athletic Club (HAC), in the event of an assignment of this contract, to initiate debit entries in the amount of \$\_\_\_\_\_ per month on or about the 10th of every month to my checking, savings or credit card account from the financial institution named below. I hereby authorize HAC to initiate a correcting credit or debit entry to my account on the condition that the HAC has sent or delivered to me written notification of such correction and reason thereof. In the event that my account becomes past due 60 days, I authorize HAC and my financial institution to accept and debit the remainder of my total membership balance due, including any late fees and/or early termination fees. I understand that it is my responsibility to notify HAC of any changes to my banking information.

Starting Month \_\_\_\_/\_\_\_\_/\_\_\_\_ and automatically renewing month to month until 5/10/\_\_\_\_. (Initial X\_\_\_\_\_)

Rejected EFT charges on credit cards or checking accounts are subject to a \$25.00 service charge.

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> Amex	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Card # _____ - _____ - _____ - _____	Exp. ____/____				
Bank Name: _____					
Routing Number: _____	Account Number: _____				

This authority is to remain in full force and effect until HAC has received written notification from me 30 days prior to termination (Initial X\_\_\_\_\_ ) as to afford the HAC a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by my bank prior to receipt of notice of termination.

The undersigned understands that any debit entry has previously been authorized to pay for services or products received by the undersigned and that HAC agrees to reconcile any dispute amount in a commercially reasonable manner. The undersigned hereby agrees that all entries initiated hereunder are to be governed by Rules to the National Automated Clearing House Association (NACHA) and agree to be bound thereby. I have read and understand this Agreement.

Member Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

