



For Office Use Only:

Xpiron _____ POS _____ EFT _____ M/N _____ Start Date: ___/___/___

Group Lessons Registration Form

Participant's Name(s) _____ Age _____ Class _____ Day _____ Time _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____

Email _____

First Month's Payment

Billing Information: Check Cash Club Bucks Card on File Gift Card

Credit Card Type: _____ Credit Card Number: _____ Expiration Date: _____

I understand that to be considered for enrollment, the first month's tuition must accompany this registration form. All regular monthly payments must be made by Electronic Funds Transfer (EFT). Please complete the Aquatics Department EFT Agreement.

I hereby authorize Hockessin Athletic Club to enroll me and/or my children in the above indicated services. I understand that the Registration Fees are non-refundable. I have read, understand, and agree to all HAC Swim Academy Policies and Procedures.

Signature: _____ Date: _____

"My kids loved their swimming lessons at HAC so much that it gave me the confidence to take swimming lessons myself. Now we all have fun in the water as a family. Thanks, HAC!"



Monthly Tuition

Tuition is based on one lesson per week. The monthly rates are based on equal payments across nine months.

Class	Member	Non-Member
Little Seahorse	\$47/month	\$65/month
Tadpole	\$47/month	\$65/month
Froggie	\$70/month	\$98/month
Squid	\$70/month	\$98/month
Octopus	\$70/month	\$98/month
Piranhas	\$70/month	\$98/month
Adult Lessons	\$70/month	\$98/month

Registration Fee

The registration fee only applies to non members. The fee is \$30 for the first student, and \$15 for each additional student.

Registration fees are non-refundable. The one-time registration fee is for the period from the first class through May 25, 2012

302-239-6688 ext. 149
www.hachealthclub.com

Staff Notes: _____

HAC AQUATICS DEPARTMENT EFT AGREEMENT

I hereby authorize Hockessin Athletic Club (HAC), 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. I understand that it is my responsibility to notify HAC of any changes to my banking information. There will be no refunds if memberships cancelled. The Aquatics Department and/or HAC is not able to discontinue a monthly payment after the 20th of the month preceding the billing. The withdrawal form (available in the Aquatics Department) must be submitted 30 days prior to termination of services. The Aquatics Department and/or HAC will not issue refunds for billing that was not stopped without the regular 30 day notice and a complete withdrawal form.

Starting Month ___/___/___ **and automatically renewing month to month until 5/10/12. (Initial X_____)**

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

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

This authority is to remain in full force and effect until the Aquatics Department or HAC has received a **completed withdrawal form 30 days prior to termination (Initial X_____)** as to afford 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.

I have read and understand this Agreement.

Member Name: _____ Date: ___/___/___

Signature: _____ Date: ___/___/___