



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Stingray Swim Team Monthly Payment Agreement

My child(ren), _____, will be joining the Southeastern Indiana YMCA Stingrays 2017-2018 swim team season. I agree to paying a total amount of \$_____ which will be divided into _____ payments of \$_____ (including a \$2.00 service fee for each credit card charge). This monthly fee will be withdrawn or charged to my credit card on the _____ of every month for _____ months. I understand that there will be no refunds should I choose to end my child's swim team season earlier than the season's last practice day. If there are any remaining fees still owed to the YMCA on the date of my cancellation, I will pay my remaining balance in full.

Parent/Guardian Signature: _____

Date: _____