

SEPT 28 - DEC 7



Parent 8 Child

Sunday 10:00 am

10 weeks

- Ages 6mo 3yrs
- **Safe Lessons**
- **S** Experienced Coach

Non-members: \$400

Contact Us!

914–739–7755 ext 115 psperrazza@premierathletic.com www.premierathletic.com

• Makeups will be attempted but not guaranteed.



APPLICATION FORM

Registration please complete this form for swim program.

Personal Information:

Name:	DOB:
	Phone:
Select one of the fo	llowing packages:
Day/Time:	Level:
Member	Non-Member
Payment Options:	
-	Expiration Date: (mm/yyyy)
Cardholder name:	Zip code:
Comments:	
registered for. I release Prem	o charge my selected payment method for the swim package/class I've ier Athletic, its employees, and affiliates from liability for any damages, n my participation in swim classes.
Signature :	Date:



Contact Aquatics Director, Parker Sperrazza





