



YMCA OF SOUTHWEST WASHINGTON

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

(1) Adult First Name _____ Last _____ o Mo F ___ / ___ / ___
Birth date

(2) Adult First Name _____ Last _____ o Mo F ___ / ___ / ___
Birth date

Address _____ Phone _____

City _____ State _____ Zip Code _____ - _____

Email _____ Cell Phone _____

Emergency Contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Membership Information (List Last Name if Different)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

I, _____, understand and agree that by signing this Release, I am assuming full responsibility for any and all risk of personal injury or death or property damage suffered by me while participation or receiving instruction at the YMCA of Southwest Washington. I understand and agree that this release applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the actions or omissions of others. I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown and whether anticipated or unanticipated by me, arising out of my participation or receipt of instruction at the YMCA of Southwest Washington. This Release constitutes a complete release, discharge and waiver of any and all actions or causes of action against the YMCA of Southwest Washington, its officers, agents, or employees. I also authorize the YMCA to have and use photographs, slides, or video tapes of the person named on this application as may be needed for its records, public relations programs or promotions.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE YMCA OF SOUTHWEST WASHINGTON AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I understand that I am signing this Release on behalf of my minor child, that I will be giving up the same rights for my child as I would be giving up if I signed this document on my own behalf.

Signature (Parent or Guardian if under 18)

Date

YMCA of Southwest Washington
P O Box 698 / 766 15th Avenue
Longview, WA 98632
360-423-4770

www.longviewymca.org





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YMCA of Southwest Washington

Credit Card and EFT Authorization

Authorization agreement

I hereby authorize the YMCA to initiate electronic fund entries to my:

- checking
- savings
- credit/debit card (Visa & Mastercard)

indicated below, and I authorize the financial institution named below to debit my account.

Monthly Payment \$ _____

Withdrawal is the 10th of each month.

Name on Account _____

This authorization remains in effect until the YMCA has received a 10-day written notification from me indicating my desire to discontinue my membership.

Member's signature _____

Date _____

Terms and Conditions

1. I understand that this is a continuous membership plan and will remain in effect for as long as I retain the YMCA's membership cards issued to me.
Member's initials _____
2. I understand that if I wish to terminate or change my membership in any way, **I must give the YMCA a 10-day written notice.** I understand that I must turn in all of my membership cards upon termination and my membership will be good on the computer through the time I have paid for or will be paying for.
Member's initials _____
3. The YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive at least four weeks notice prior to any such change in my membership fees.
Member's initials _____
4. Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than **\$25** applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time.
Member's initials _____
5. Membership cards remain the property of the YMCA and must be surrendered upon request.
Member's initials _____

Name of member _____