



WESTWOOD YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FAMILY MEMBERSHIP

Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Ethnicity _____

Parent's Place of Business _____ Work# _____

Email Address _____ Cell# _____

Parent's Place of Business _____ Work # _____

Email Address _____ Cell # _____

**Members: 2 adults and their related children up to the age of 23
living at the same address**

1. Parent Name _____ Birth Date _____

2. Parent Name _____ Birth Date _____

3. Child's Name _____ Birth Date _____

4. Child's Name _____ Birth Date _____

5. Child's Name _____ Birth Date _____

6. Child's Name _____ Birth Date _____

7. Child's Name _____ Birth Date _____

8. Child's Name _____ Birth Date _____

Waiver

In attending the Westwood YMCA and using its facilities and equipment I agree that I am doing so at my own risk. The YMCA shall not be liable for any damages arising from the personal injuries sustained by me on the premises of the YMCA. I assume full responsibility for any injuries sustained by me on the premises of the YMCA. I release and discharge the YMCA, its directors and employees from any claims resulting from my use of the facilities and equipment of the YMCA. I represent that I am in good physical condition and I have no disability or impairment preventing me from engaging in an active or passive activity that would be detrimental to my health, safety, or physical condition. If I do so engage or participate, I agree that I am responsible for any damages caused by me to the facilities or equipment of the YMCA.

Signature: _____ Date: _____

OFFICE USE ONLY

_____	_____	_____	_____	_____	_____
Date	Amount	MemberST	Car Passes	Guest Passes	Program Book

Membership/RegistrationForm2018.doc

LAST NAME _____

**Westwood YMCA
Family Membership Payment Agreement**

I agree to pay the monthly fee of \$20.33 to be drafted on the 1st of each month for 12 consecutive months. Cancellation after 1 year must be in writing. Balance due upon cancellation within the first year, 12 drafts)
Your membership/draft is continuous until you decide to cancel it.

I/We wish to participate in one of the *Express Payment Plans* (choose one):

Express Payment Plan

_____ **Bank Draft** (monthly draft from checking or savings account)

Option I

_____ PRINT NAME ON THE ACCOUNT

ROUTING & ACCOUNT# *please attach a VOIDED check* Checking _____ Savings _____
(Check One)

_____ NAME OF BANK

_____ AUTHORIZED SIGNATURE

_____ DATE

_____ **Credit Card** (monthly charge to credit card) **Visa, MasterCard, Discover or American Express**

Option II

_____ CREDIT CARD TYPE CREDIT CARD # EXP DATE

_____ AUTHORIZED SIGNATURE

_____ DATE

OR

Direct Payment Plan

_____ **Cash/Check**

Option III

I do not wish to participate in the *EXPRESS PAYMENT PLAN* at this time.
I wish to pay \$244 in full

_____ AUTHORIZED SIGNATURE

_____ DATE

_____ **Credit Card** (Full charge to credit card) **Visa, MasterCard, Discover, or American Express**

Option III

_____ CREDIT CARD TYPE CREDIT CARD # EXP DATE

_____ AUTHORIZED SIGNATURE

_____ DATE