



# WESTWOOD YMCA

## FAMILY MEMBERSHIP

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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 \_\_\_\_\_

**Liability Waive and Release:**

*This is a release of legal rights – read and understand before signing.*

In exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to enter the YMCA for any purpose including but not limited to observation, or use of facilities, or equipment, or participation in any program affiliated with the YMCA, I, the undersigned, understand and expressly acknowledge that I, and if applicable, my spouse and dependents, release the YMCA of Pawtucket its employees, officers, directors, trustees, agents, members, volunteers or guests (hereafter referred to as "releases") from any and all action, debts, expenses (including attorney fees) and claims of negligence on account of, or in any way growing out of, directly or indirectly, all known or unknown injuries to the person(s) or property, or resulting death of the undersigned, whether caused by negligence of releases or otherwise while the undersigned, is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Pawtucket.

**Member signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Staff Initial** \_\_\_\_\_

OFFICE USE ONLY

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amount

\_\_\_\_\_  
MemberST

\_\_\_\_\_  
Car Passes

\_\_\_\_\_  
Guest  
Passes

\_\_\_\_\_  
Program  
Book

LAST NAME \_\_\_\_\_

**Westwood YMCA  
Family Membership Payment Agreement**

I/We agree to pay the monthly fee of \$20.33 to be drafted on the 1<sup>st</sup> of each month  
(Balance due upon cancellation within the first year, 12 drafts)  
Your membership/draft is continuous until you decide to cancel it. Cancellation must be submitted in writing 2 weeks in advance.  
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 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