



# 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 \_\_\_\_\_

### 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 \$20.50 to be drafted on the 1<sup>st</sup> 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 \$246.00 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