

# Masters Swim Program Registration Form

#### **Policies and Program Participation Agreement**

- Membership is required before you can sign up for the Masters swim program.
- An automatic monthly draft for Masters will be scheduled for the first of every month.
- The first month's payment will be taken within 48 hours of enrollment. If you register after the 15th of the month you will be charged half price.
- Changes to billing information, including credit card expiration date, must be done in writing at the YMCA. Any changes to billing information for masters swim or membership dues must be submitted in writing at the Member Service desk with 15 day notice.
- 15 day written notice is required to cancel Masters Swim and is due 15 days prior to the monthly scheduled draft date.
- To cancel membership, a membership cancellation form must be completed with 30 day notice.
- Program fees:
  - 1 Practice per week- \$40 a month
  - 2 Practices per week- \$50 a month
  - 3 Practices per week- \$60 a month
- Practice Schedule: Wednesday 5:45-6:45am, Friday 5:45-6:45am, and Sunday 8:00-9:00am
- I agree to abide by the YMCA's code of conduct and all applicable rules around facility usage.

#### **Important Dates**

No practices on dates when the Y is closed.

Participant l	Name			
Signature			Date	
Office Use Onl	<u>γ</u> :			
	Date Received	Date Processed_	Initia	als



## YMCA OF MIDDLETOWN

### Masters Swim - Automatic Monthly Draft Authorization

Member Name:			Unit ID:	DO	В	
Address:		Member Phone #:				
City:	State:	Zip:	Member E-ma	il:		
First Effective Draft Date:						
BILLING INFORMAT  This from must be handed in		desk or emailed to	o mag@middletow	nymca.org.		
Credit/Debit Card:	Visa	MasterCard	American	Express	Discover	
NAME ON CREDIT CA	RD					
ADDRESS		CITY_		STATE	ZIP	
CREDIT CARD NUMBE	ER		EXP. DATE(MO/DA/YR)			
Monthly Draft Amount:						
1 Practice per week:	2 Practices p	2 Practices per week: \$50		3 Practices per week: \$60		
I hereby authorize the YMCA or checking account provided mission for the YMCA to aut charged for any returned pathat the monthly draft is con This written notice will be given make sure the cancellation notice.	l on this form comatically r nyments due tinuous and ven 15 days	n. If any payment edraft the payme to insufficient fu will remain in effe prior to my month	is returned on the ent on the next buands. At no time countil I submit a	e scheduled siness day. an this fee b written notic	draft date, I give per- A \$25.00 fee will be e waived. I understand te to cancel at the YMCA.	
Member Signature:			Date:			
Billing Party Signature (If diff	erent):		_	Date:		
Office Use Only:						
Date Processed	Initia	ls	Batch	Discount Gro	up	