



# 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
- I understand practice schedules may change and are available on the pool schedule.
- 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 Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only:

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Initials \_\_\_\_\_



# SOUTH ORANGE FAMILY YMCA

## Masters Swim - Automatic Monthly Draft Authorization

Member Name: \_\_\_\_\_ Unit ID: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ Member Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Member E-mail: \_\_\_\_\_

First Effective Draft Date: \_\_\_\_\_

### BILLING INFORMATION

This form must be handed in at the front desk or emailed to [maq@middletownymca.org](mailto:maq@middletownymca.org).

**Credit/Debit Card:**      Visa              MasterCard              American Express              Discover

NAME ON CREDIT CARD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ EXP. DATE(MO/DA/YR) \_\_\_\_\_

### Monthly Draft Amount:

1 Practice per week: \$40

2 Practices per week: \$50

3 Practices per week: \$60

I hereby authorize the YMCA of Middletown to draft my Masters Swim Program monthly dues from the credit card or checking account provided on this form. **If any payment is returned on the scheduled draft date, I give permission for the YMCA to automatically redraft the payment on the next business day. A \$25.00 fee will be charged for any returned payments due to insufficient funds. At no time can this fee be waived.** I understand that the monthly draft is continuous and will remain in effect until I submit a written notice to cancel at the YMCA. This written notice will be given 15 days prior to my monthly scheduled draft date. I have the responsibility to make sure the cancellation notice has been received.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Billing Party Signature (If different): \_\_\_\_\_

Date: \_\_\_\_\_

#### Office Use Only:

Date Processed \_\_\_\_\_ Initials \_\_\_\_\_ Batch \_\_\_\_\_ Discount Group \_\_\_\_\_