

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_



# Valley of the Sun YMCA

The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, body, and mind for all.

<b>Office Use Only:</b>	
Branch:	_____
Staff Name:	_____
In CCC Date:	_____

## Step 1: Tour Info

V #: \_\_\_\_\_

Name: \_\_\_\_\_  
First Initial Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Bus Cell

E-Mail: \_\_\_\_\_

- How can we best serve you?**
- Sports       After School/Before School Day Care       Activities for Kids
- Fitness       Child Watch       Pool Activities       Aerobic Classes       Rock Wall

**Program Liability Release:** In consideration of my participation in the activities of the Valley of the Sun YMCA, I hereby agree to hold free from any and all liability the Valley of the Sun YMCA its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the Valley of the Sun YMCA. I understand that any picture taken of me or my child may be used for YMCA publicity purposes.

Signature: \_\_\_\_\_ Parent (if under 18): \_\_\_\_\_

## Step 2: Membership Info

Membership Type: \_\_\_\_\_

First	Family Members		Date of Birth	Relationship
	Initial	Last		
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

## Step 3: Bank Draft Info

Draft Day: \_\_\_\_\_ First Draft Date: \_\_\_\_\_ Draft Amount: \_\_\_\_\_

Yes, I want to donate to the Strong Kids Campaign      One Time Amount: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

I understand that the information below will be used to transfer payment from my account:

Account Type: *please circle choice*      Credit Card      Debit Card      Checking      Savings

Credit Card/Account #: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

- I understand that the Automatic Transfer System is a continuous month fee, it does not stop after twelve months and is based on the facility monthly membership rate.
- I understand that should I choose to terminate my membership in any way, I must provide the YMCA with at least a thirty (30) day written notice prior to my transfer date. I also understand that all cards issued with my membership must be returned at the time of notification and the appropriate temporary cards will be issue for the remaining time on my membership. I understand that should I choose to change bank accounts, banks, or account types, I must provide the YMCA with at least a thirty day written notice prior to my transfer date.
- I understand that it is my responsibility to check my bank statement monthly and to notify the YMCA immediately of any transfer errors. The YMCA will refund any transfers done in error for up to 3 months. This includes transfers after termination notice is given.
- I understand that the YMCA may, upon thirty (30) days written notice, adjust membership rates, which would result in a change in my monthly transfer rate.
- I understand that if my payment is returned NSF for any reason, the item(s) will be re-presented electronically and I understand I will be charged a processing fee. I am also responsible for all other recovery costs.
- I understand that any transfer not honored by my bank that is not settled before the next transfer date will result in immediate termination of my membership and that an additional Capital Development Fee will be assessed before a new membership can be issued.

Authorized Bank Account Signature: \_\_\_\_\_ Parent (if under 18): \_\_\_\_\_