





YMCA of Central Stark County
PARTICIPATION AGREEMENT

BRANCH NUMBER

MEMBERSHIP NUMBER

GROUP CODE:

Branch number input boxes

Membership number input boxes

Group code input line

Primary Member Name: (please print)

First M.I. Last Birthdate

Member authorized to make account changes: First Name M.I. Last

LIABILITY

I hereby accept all responsibility for, and assume the risk of any injury or damage to my person or dependant children which might arise directly or indirectly as a result, and or participation in a YMCA of Central Stark County program.

Primary Adult Signature Second Adult Signature

Additional Adult Signature Additional Adult Signature

PHOTO/TALENT RELEASE

I authorize the use and reproduction of any and all photographs or video footage for YMCA promotional purposes without compensation, and I understand that it is the personal responsibility of members and their guests to avoid being photographed if they so desire.

Initials

MEMBER CODE OF CONDUCT

I hereby acknowledge that I have received a copy of the YMCA Member Code of Conduct and will abide by its provisions.

Initials

PAYMENT OPTIONS AND TERMS

Annual Membership I understand that the YMCA membership is non-refundable and non-transferable.

Membership Term Renewal Date Signature

Monthly Auto-Pay (Bank changes may take up to 14 days)

My YMCA membership will be regarded as continuous until the time that I decide to terminate. I agree that if for any reason I wish to change the status of my membership, I must give the YMCA written notice 14 days in advance of my EFT (Electronic Funds Transfer) date.

Please choose from one of the following options:

Checking Savings New Voided Check

Credit Card Issuing Bank Name

Debit Card Bank Name

Bank

Bank Address/City/State/Zip

Transit & Rout #

Account #

Credit Card Type MasterCard VISA Discover American Express

Name on Card Exp. VCode #

Account #

Signature Authorization

Date Staff Initials

NOTES:

PAYMENT OPTIONS AND TERMS

Begins on

Total Monthly Auto-Pay