

Ymca Payment Options

Please read all of membership /waiver and payment option agreement below.

Please read carefully and sign.

Annual Payment: I agree to pay my membership dues in full in one payment. My membership will be valid for one year from the date of purchase. I will be allowed to bring a guest one time and ONLY if the guest has NEVER been here before. Otherwise any guest has to pay a day pass 17yrs. & under \$3.00, 18yrs. & older \$8.00

Date:_____

Member Signature:_____

4 - Consectutive Payments: I agree to pay my membership dues in 4 consectutive payments, in the event my payment is past due a \$5.00 late fee will be added to my payment for each month past due. I will be allowed to bring a guest one time and ONLY if the guest has NEVER been here before. Otherwise any guest has to pay a day pass 17yrs. & under \$3.00, 18yrs. & older \$8.00

Date:_____

Member Signature:_____

Bank Draft: I authorize my bank to honor monthly pre-authorized drafts drawn by the YMCA on my account for membership payments. It is understood that the said annual membership will automatically be renewed upon expiration. When the bank honors the draft by, charging my account, such drafts constitute my receipt for payment. In the event draft should be returned to us as a NSF payment; payment and service fee will due before next draft date or the account will be double drafted next month. Any changes or deletions should be submitted to us 5 business days before draft date. I will be allowed to bring a guest one time and ONLY if the guest has NEVER been here before. Otherwise any guest has to pay a day pass 17yrs. & under \$3.00, 18yrs. & older \$8.00

Date:_____

Member Signature:_____

Cancellations: A written notice should be submitted to the YMCA 5 business days before next draft date. Failure to do so the account will be drafted and no refunds will be issued. By initialing, you are complying and understand the process of Bank Draft cancellations.

*Initialed by member*_____

Month to Month (over the desk payments):I understand that I have 5 days after the due date to make my payments if I don't make the payments on time I agree to pay a \$5.00 late fee. I will be allowed to bring a guest one time and ONLY if the guest has NEVER been here before. Otherwise any guest has to pay a day pass 17yrs. & under \$3.00, 18yrs. & older \$8.00

*Member Signature:*_____

Waiver

Participation in athletic and sports events, and physical activites, involves certain risks. The Odessa Family YMCA will not assume responsibility for any injury occurred while participating in any athletic event, sports program, or any physically related activity. Nor will the Odessa YMCA be liable for lost or stolen items while members and/or program participants are using YMCA facilities or are on the YMCA premises. I, the undersigned for myself, my heirs and assigns, do hereby release the Odessa Family YMCA, its employees and agents from any and all claims for injury, death, loss, or damage I may suffer as a result of my participation. I give my permission to the Odessa Famliy YMCA to use, without obligation, photographs, film footage, or tape recording which may include the image for voice of me or my family for promoting or interpreting YMCA programs.

Acceptance

I have read and do understand the Waiver and accept the Conditions of Membership set forth above and being in sympathy with the mission of the YMCA, hereby apply for membership.

Signature

Signature of Parent or Guardian
(If participant is 17 years age or younger)