



Walter Schroeder Aquatic Center

Masters Program Application Form

9240 North Green Bay Road Brown Deer, Wisconsin 53209

Date _____ Name _____

Address _____ City _____ Zip _____

Telephone (best number) ____ - ____ - ____ E-Mail _____

Emergency Contact Name _____ Number _____

There are two options for joining Masters (please see description here). For further information, please visit our website: wsacfld.org. Please mark an 'X' next to your choice.

1. 'Master Swimmer w/ WSAC Membership' (*You must also fill out a 'Membership Application Form'): If you want to train with the Masters Team anytime we offer practice, utilize the locker rooms, towel service, weight room and take classes at the Rite-Hite YMCA or any other YMCA in the Metro Association and / or if you would like to compete at the Master National YMCA Championships.

*Adult: \$89/month _____

*Couple/Family: \$119.00/month _____

2. 'Master Swimmer' Only: If all you would like to do is the Masters Team - train as frequently as you would like but you may only dress in the locker rooms associated with the Aquatic Center, bring your own towel. You WILL NOT have privileges at the Rite-Hite YMCA or any other YMCA in the Metro Association and you may not compete in the Masters YMCA meets.

*Master Swimmer: \$49/month _____

*Tri-Wisconsin Members receive an additional 15% discount upon presentation of their membership card.

Note: You can also select to pay for **6 months or 12 months in advance** and receive an additional 3% (6 months) or 5% (12 months) discount.

Total Monthly Fee : _____ (Please include \$25 Registration fee with first months check)

First months membership must accompany application. My WSAC 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 WSAC written notice 7 business days in advance of my EFT date. I am responsible for payment of draft if 7 day notice is not received. To terminate my membership, I must surrender my member cards to the WSAC. I understand that the WSAC reserves the right to adjust membership rates as necessary, which I agree to pay upon at least 30 days advance written notice. A return item charge may be applied to bounced checks and declined EFT payments.

Initials _____ 1st Draft Date _____

I understand the physical activities which I may participate in at the WSAC include, but may not be limited to Swimming, diving, fitness, as well as the use of sauna, steam room, and whirlpool facilities. I agree to assume all liability and release the WSAC from any liability for the risk of injury, illness or death on account of my presence in the WSAC or on account of my involvement in any activity at the WSAC facility, whether caused by negligence of the WSAC or another person on the premises or at the sponsored activity.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize Walter Schroeder Aquatic Center, Ltd, hereinafter called Company, to initiate debit entries to my (our): Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of U.S. law.

Additionally, I (we) hereby authorize Company to initiate credit entries to my (our) account and the Depository to debit the same to such account, in the case where the incorrect amount has been debited to such account in error.

This authority is to remain in full effect until Company or Depository has received written notification from me (or either of us) of its termination in such time and manner as to afford Company or Depository a reasonable opportunity to act on it, or until Company or Depository has sent me (either of us) ten (10) day written notice of Company or Depository's termination of this agreement.

Depository Name	Address	
City	State	Zip

Depository's Transit Routing Number

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Account Number Information

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Signed	Date

Note: Written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.