



# Walter Schroeder Aquatic Center *Masters Membership Application Form*

9240 North Green Bay Road    Brown Deer, Wisconsin 53209    Date \_\_\_\_\_

Name \_\_\_\_\_ date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Spouse/Legal Guardian \_\_\_\_\_ date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Children \_\_\_\_\_ date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_ date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_ date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_ date of birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Emergency Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Business Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-Mail \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_ How long with firm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**I/We hereby apply for the following membership\*:**     Family     Adult

**Couple/Family (including all children under the age of 21)**

**Adult (over the age of twenty-one)**

\* Membership is currently only available to individuals and families with a member on a competitive team.

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 \_\_\_\_\_

I understand the physical activities which I may participate in at the WSAC and the YMCA 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 and the YMCA from any liability for the risk of injury, illness or death on account of my presence in the WSAC or YMCA or on account of my involvement in any activity at the WSAC or YMCA facility, whether caused by negligence of the WSAC, YMCA or another person on the premises or at the sponsored activity.

I hereby irrevocably release, consent and allow the WSAC and the YMCA and its agents to use my photograph/likeness/voice, as it pertains to my participation with the WSAC or the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

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

## Membership Application

### 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.**