



Walter Schroeder Aquatic Center *Water Exercise Program Application Form*

9240 North Green Bay Road Brown Deer, Wisconsin 53209

Date_____

Name_____ date of birth ____ - ____ - ____

Emergency contact #_____ Relationship _____

Address_____ City_____ Zip_____

Telephone____ - ____ - ____ Mobile Phone ____ - ____ - ____

Email _____

Date Paid _____ Date need to renew if paid cash or check _____

Water Exercise Program Cost \$27.00 per month for **YMCA members**:

Annual \$324.00 Cash or Check

6 Month \$162.00 Cash or Check

Monthly \$27.00 Electronic Fund Transfer (EFT)

Water Exercise Program Cost \$43.00 per month for **Community Participants**:

Annual \$516.00 Cash or Check

6 Month \$258.00 Cash or Check

Monthly \$43.00 Electronic Fund Transfer (EFT)

Costs listed above are for unlimited water exercise participation.

----- Please read below. Complete if choosing EFT-----

First month's program fee must accompany this application. My EFT program fee 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 EFT program fee, 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. I understand that the WSAC reserves the right to adjust program fee 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.

Program Fee Electronic Fund Transfer (EFT) 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.