



Membership Acct. # _____



Rock Steady Boxing & "Fight Back" UH20

Automatic Withdrawal Form

Participant's Last Name _____ First Name _____

Sex: M / F Birthdate: _____

Primary Phone # _____ Secondary Phone # _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

1x per week	2x per week	3x per week
<input type="checkbox"/> Member: \$32	<input type="checkbox"/> Member: \$64	<input type="checkbox"/> Member: \$96
<input type="checkbox"/> Non-member \$40	<input type="checkbox"/> Non-member \$80	<input type="checkbox"/> Non-member \$120

Payment

_____ _____
Credit Card # Exp. Date

_____ _____
CVV Code Name of Cardholder

"I understand that my credit card listed above will be charged monthly until I give 30 days notice to stop the automatic payments. I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property." **I also understand that no make ups or refunds will be given for classes missed due to vacation, illness or personal reasons.**

By signing below, I am agreeing to the above statements

Signature _____ Date _____