

Youth Male

Youth Female

Youth Application

Age: _____

Birthday: ___/___/___

First Name _____

Last Name _____

Residence Address: _____

City: _____

Zip: _____

Phone: () _____

Mother's Name _____

Father's Name _____

Business #: () _____

Business #: () _____

SPECIAL MEDICAL ALERT: _____

EMERGENCY CONTACT PERSON: _____

PHONE: () _____

RELATIONSHIP: _____

Other medical information that may be helpful to a "Y" Staff person in case of accident or injury (information will be kept in confidence)

Signature _____

Date: ___/___/___

Name: _____

Expiration Date ___/___/___

Home Phone: () _____

Working Phone: () _____

Date	Amount Paid	Receipt #	Balance	Type of Membership	Length	Expires	Staff Initials

ATS Monthly Dues _____

Transfer Start: ___/___/___

DRAFT AUTHORIZATION

I hereby authorize the West San Gabriel Valley YMCA hereinafter called the YMCA to initiate debits in accordance with its schedule of monthly dues and other membership fees as fixed by its Board of Directors from time to time to the bank indicated below, hereinafter BANK, to debit the accounts thereof to my checking account indicated below. This authority is to remain in full force and effect until the YMCA has received thirty (30) days within notification from me of its termination or until the YMCA has sent me thirty (30) days notice of the YMCA termination of the agreement. I have read the Automatic Transfer System (ATS) information form and agree to abide by it.

BANK _____ BANK BRANCH _____

Bank Account Number _____ Bank Phone () _____

Bank Address _____ City _____ Zip _____

Signature _____ Date ___/___/___