FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPORTSPLEX
SMALL GROUP TRAINING PASS
Ventura Family YMCA

PLEASE FILL OUT ALL SPACES * PRINT LEGIBLY

Member Name:_____ Member #:_____ $40
First Last

Date of Birth:_____

Member Name:_____ Member #:_____ $_____
First Last

Date of Birth:_____ Total $_____

Payment Account Info

Credit Card #:_____ Credit Card Exp: ____/_____/_____ CRV: _____

_____

(All checking account changes must be submitted with a voided check)

☐ Draft Account On File

*Drafts will occur monthly and the draft date will be every month on the same day as your small group training pass start date. Please note that this date will be different from your regular membership draft date.

Would you like to receive text and/or email notifications regarding training updates or changes?
If so, please provide:

Cell Phone #:_____ Mobile Carrier: _____ Email Address:_____

POLICIES

*Must be a Full Facility Member.
*Prior to participating in F.F.F. the 2-week P.R.E.P. training is required.
*Unlimited access to all high-intensity Sportsplex small group trainings.
*All cancellations must be done in writing and 30-days notice is required. You will have one final draft prior to the cancellation.
*Trainings must be registered for in advance and online.

I have read and agree to the terms stated above as acknolwedged by my signature below.

Member Signature:_____ Date:____/____/____

Staff Signature:_____ Date:____/____/____

Form November 2015