



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AQUATICS CANCELLATION FORM

EFFECTIVE DATE: _____

CHILD(S) NAME: _____ CLASS NAME: _____

NOTICE MUST BE GIVEN PRIOR TO BILLING PERIOD TO THE SUMMIT YMCA WELCOME CENTER TO ENSURE THAT YOUR ACCOUNT IS BILLED PROPERLY.

- I am withdrawing from the program and would like to stop my monthly draft. I recognize that I have a minimum 2-month commitment. If that has not been met, I will be drafted for the remaining payments. If it has been met, I recognize that to stop the monthly draft I must turn in this request before the 1st of the month of my upcoming draft date or it will take effect the following month.
- I am withdrawing before the start of the session – A system credit will be issued to your account.
- I am withdrawing for medical reasons and have attached a doctor's note.
- Other: _____

Refund Policy

- Refunds are given in accordance with the Summit Area YMCA's refund policy.
- All refunds are approved at the discretion of the Aquatics Director.
- Deposits are non-refundable.
- A \$10 service charge applies to all refunds.
- Credits may be used at any branch of the Summit Area YMCA.
- Cancellation policy is subject to change.
- Credit/refund may take up to two (2) weeks to process.

I have read and understand the Summit Area YMCA refund/credit policies above.

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Staff person receiving report: _____ Date Received: _____

Account Number: ____ - ____ - ____ - ____ - ____ Amount: _____ Date Processed: _____

Account Number: ____ - ____ - ____ - ____ - ____ Amount: _____ Date Processed: _____

Total Amount of Refund: _____

Program Director: _____ Executive Director: _____

