



BREAKERS SWIM TEAM HOLD AND CANCELLATION FORM

MEMBER INFORMATION

ADULT

Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Nickname	Primary Phone #
Street Address		City	State	Zip	Email	

SWIMMER INFORMATION

CHILD

Legal First Name	M.I.	Legal Last Name	Birthdate	Gender	Nickname	Primary Phone #
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CHANGE NEEDED *(Select one)*

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HOLD (fees apply)

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MEDICAL HOLD (Dr. recommendation needed)

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CANCEL

BREAKERS HOLD PROVISION:

I hereby request my membership to the Grand Traverse Bay YMCA to be placed on hold. I understand the following:

- ☐ I must give a 30 day written notice for my program to properly be placed on hold.
- ☐ I understand holding Breakers Programming does not hold my membership.
- ☐ I understand the above statements.

Print Name: _____ Signature: _____

Date Signed: _____ Hold Start Date: ____/____/____ Hold End Date: ____/____/____ Amount Due: \$_____

BREAKERS CANCELLATION:

I hereby request my membership to the Grand Traverse Bay YMCA to be cancelled. I understand the following:

- ☐ I must give a 30 day written notice for my Breakers cancellation
- ☐ I will be drafted one more time for my Breakers.
- ☐ There are no refunds for this subsequent draft.
- ☐ There are no refunds on Annual Breakers unless a life-changing event has occurred.
- ☐ I understand cancelling Breakers Programming does not guarantee a return spot on the Swim Team
- ☐ I understand cancelling Breakers Programming does not hold my membership.
- ☐ I understand the above statements.

Print Name: _____

Signature: _____

Date: _____

EXIT SURVEY

1. WHAT WAS YOUR PRIMARY REASON FOR JOINING THE BREAKERS?
2. WHAT IS YOUR PRIMARY REASON FOR CANCELLING YOUR PROGRAMMING?
3. IS THERE ANYTHING WE COULD DO TO KEEP YOU WITH THE BREAKERS?
4. WOULD YOU EVER CONSIDER JOINING THE BREAKERS AGAIN IN THE FUTURE?