



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Credit/Refund Form

## Credit/Refund Policy

A full credit or refund for all programs will be given before the first class begins. After the first class, participants have the option of receiving a pro-rated refund or credit on their account for the following reasons:

- Participant is unable to attend class for a medical reason (doctor's note required).
- If the YMCA cancels a program or class.
- **CREDIT ONLY:** Child demonstrates no interest in the program or is struggling with participating in class segments. Parent will receive a pro-rated credit on their account.

All credits will expire after 1 year. Requesting a credit or refund does not guarantee you will receive one, it must be approved by the program director. All credits and refunds must be requested at the front service desk.

**I have read and understand the above stated credit/refund policy.**

Signature\_\_\_\_\_

Date\_\_\_\_\_

Participant Name\_\_\_\_\_

Name of Person Requesting Credit/Refund \_\_\_\_\_

Address\_\_\_\_\_ Phone #\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

Email Address\_\_\_\_\_

Reason for request:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY—Membership Staff attach a receipt to this request.**

**MEMBERSHIP**

**PROGRAMS**

**OTHER**

Master ID\_\_\_\_\_

Class Name\_\_\_\_\_

Description\_\_\_\_\_

Membership Type\_\_\_\_\_

Day & Time\_\_\_\_\_

Amount Paid\_\_\_\_\_

Expiration Date\_\_\_\_\_

Session\_\_\_\_\_

Amount Paid\_\_\_\_\_

Amount Paid\_\_\_\_\_

Staff \_\_\_\_\_

Director Signature\_\_\_\_\_

Approved for (check one):  Credit  Refund In the amount of:\_\_\_\_\_

**Our Mission:**

The YMCA of Southwestern Indiana,, Inc. following the example of Jesus Christ, responds to community needs by serving all people, especially youth, through relationships and activities that promote healthy spirit, mind, and body.