



# Southtowns Family YMCA

## Medical Hold Request

**Based on our Medical Hold Policy, a written excuse from your doctor must accompany this form in order for your request to be honored.**

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

I am requesting that my membership be held for a total of \_\_\_\_\_ months (up to 3 consecutive months is allowed with one doctor's note)

*If you are drafted monthly:*

My last draft will be \_\_\_\_\_ and will resume again on \_\_\_\_\_.

*If you pay annually:*

You will be given a credit of the monthly rate of your membership for the duration of the hold. This credit may be applied to the renewal of your membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Office Use Only:

Received by and Date	Completed On