



FOUNDATION YMCA APPLICATION FOR MEMBERSHIP

Date	
Unit Number	
Card Number	

TYPE OF MEMBERSHIP:

Adult Insurance Silver Sneakers Adult w/ Dep. Adolescent Silver & Fit® Adult Couple Renew Active® WellCare Adult Corp. Adult Senior Adult WellCare Family Corp. Family Senior Couple Employee Senior Household Family Young Adult (14-24) ®

PLEASE PRINT:

Legal Name _____ Date of Birth: ____ / ____ / ____

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Driver's License # _____

E-mail _____

Emergency Contact Name _____ Phone Number _____

Gender Identity: Female Male Rather not say additional identity (Option to specify)

ETHNICITY:

African American Alaskan Native Asian/Pacific Islander Caucasian
Hispanic Native American Other Prefer Not to Answer

ADDITIONAL FAMILY MEMBERS: (Complete Below If Adding to The Membership)

	LEGAL NAME	BIRTH DATE	SEX	RELATIONSHIP	ETHNICITY	CARD #	DL #
1		/ /					
2		/ /					
3		/ /					
4		/ /					
5		/ /					

CREDIT CARD/CHECK CARD DRAFT

DRAFT AMOUNT \$_____ (Drafts are made on the 1st of each month)

I have given authority to the bank/credit card to honor a pre-authorized debit drawn by you on my account for membership payments as indicated above. It is understood that your sending of pre-authorized debit to the bank/credit card, as payment becomes due, shall constitute valid notice of such payment due on this membership. When the bank/credit card honors the debit by charging my account, such a debit shall constitute my receipt for the payment. Should any pre-authorization debit not be honored by said bank/credit card when received by them, then it is understood that the payment is to be made by myself in the amount of said draft. EFT is a continuous membership plan and I understand that my draft is in effect as long as I retain my YMCA membership. I understand that I must give a 30-day written notice to stop my bank/credit card draft. I also understand that I will be given 30-day advance notice of an increase in membership rates. Should my bank/credit card for any reason not honor any membership draft, I realize that I am still responsible for that payment plus all financial service charges

PAYMENT AUTHORIZATION: I hereby authorize the YMCA to draft from my bank account given when applying for membership.

MEMBER AGREEMENT

1. I understand that this is an ongoing membership payment plan, and my account must be in good standing at all times.
2. I understand that this payment is agreed upon regardless of my facility usage and that the YMCA does not prorate dues based on facility usage.
3. I understand that it is my responsibility to provide the YMCA with current up-to-date bank or credit card information throughout the term of my membership.
4. I understand that if I wish to terminate or change my membership in any way, I may do so by giving the YMCA a 30-day written notice with the completion of the Cancellation Form. I understand this means I may have one final draft after the date I have signed this form.
5. Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus any applicable service charge assessed by the YMCA.
6. I understand that the YMCA may cancel my membership based on draft declines, unpaid past due balances, violation of the YMCA Code of Conduct, the Sex Offender policy, violation of policies/procedures of the YMCA, or any other cause.
7. I affirm that I am not a registered sex offender in any jurisdiction. Any falsification of this membership form or the signatures will result in the termination of the membership.

INFORMED CONSENT: In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off-site programs affiliated with the YMCA, the undersigned for himself, herself and any personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Foundation YMCA, their directors, officers, employees and their agents for any injuries and other damages which he/she may suffer in connection with his/her participation in the program or any other activities. I understand membership may be suspended or revoked for failure to follow YMCA policies or rules. Furthermore, I understand that on occasion, photos for YMCA promotion/publicity may be taken in the facility, and give my permission for the use of my/my family's likeness in such promotion. Membership cards must be presented to use facilities and services.

MEMBER ACKNOWLEDGEMENT & AUTHORIZATION

I have read and agree to the YMCA Membership Application in its entirety. I have read and will comply with the YMCA Member Agreement and Code of Conduct. I understand that the financial authorization I have given remains in effect until the YMCA has received a 30-day written notification with completion of the Cancellation Form from me indicating my desire to discontinue my membership. I HAVE READ THE ABOVE AND AGREE THAT THIS WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT IS APPLICABLE TO ALL VISITS MADE BY ME OR PARTICIPANTS UNTIL I SO REVOKE SUCH IN WRITING.

Signature of Member or Responsible Party for Member(s) Under 18

_____/_____/_____
Today's Date

YMCA MISSION: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all. The YMCA builds strong kids, strong families, and strong communities.

YMCA STAFF USE:

Photo ID Taken _____ Yes _____ No Contact for Orientation _____ Yes _____ No Covid Wavier _____ Yes _____ No

SilverSneakers# _____ Silver&Fit# _____

Renew Active # _____ WellCare# _____

Staff Signature _____ Date _____

Reviewed by _____ (Initial & Date) _____