



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

MEMBERSHIP APPLICATION

ID# _____

Please only complete information that is applicable to member.

Salutation: _____ Dr. _____ Mr. _____ Mrs. _____ Miss _____ Ms. _____
 First Name _____ MI _____ Last Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone/Pager _____
 Gender ____ Date of Birth ____/____/____ Email Address _____
 Employer _____ Department / Position _____

Other household members on membership	Date of Birth	Gender	Relationship

Emergency Contact: _____ Phone _____ Relationship _____

Where did you hear about the YMCA? Friends/Family _____ Direct Mail _____ Internet _____ TV _____ Print Ads _____ Radio Ads _____
 Y Name Recognition _____ Past Participant _____ Other: _____

The Y is a volunteer organization. We rely on the skills and talents of the members of our community to help us achieve our mission. We are very thankful for those that assist us in this effort.

Could a staff member contact you about volunteering with the Y? Yes No

What are your special skills and/or talents (ie: magic, art, computers, working with kids, etc.): _____

It is my understanding that:

- All joining and membership fees are non-refundable. Please initial here: _____
- All annual memberships are non-refundable. Please initial here: _____
- Terminations and changes to monthly memberships require a 30 day written notice. Please initial here: _____
- I, those included on my membership, and my guests will adhere to the values of the YMCA: caring, honesty, respect, and responsibility while within the YMCA or while participating in any YMCA program. Failure to do so may result in my membership privileges being revoked.
- I understand that any child on this membership must be at least 13 years old to use the facility without adult supervision.
- I understand that any child on this membership age 13 and above must check with the department director prior to using the specific program area.
- Membership cards must be presented at each visit and may not be used by anyone but the member.
- I understand it is my responsibility to contact my physician before beginning any activity. In the event of an emergency, I authorize the YMCA to transport me or my child to the nearest medical facility for emergency treatment.
- I give my permission to have my or my child's (or anyone listed on this membership) photo taken for YMCA publicity.

In further consideration of being permitted to enter the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any programs affiliated with the YMCA, without respect to location, the undersigned hereby agrees to the following:

1. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence or the releasees or otherwise.

3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to the negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

Signature: _____

Date: _____



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MEMBERSHIP APPLICATION

Bank Draft Agreement Please indicate type of account: Checking Account
Savings Account
Credit/Check Card

I give authorization to the YMCA of Greensboro to automatically draft \$_____ a month from my account. I have provided a voided check or a bank issued statement indicating routing and account number from my checking or savings account, or had my credit or debit card entered into the system. It is my understanding that the draft will take place on the **15th of each month** and cannot be changed from that date.

I understand the first draft will be _____

Member's Signature: _____ **Date:** _____

Member's Agreement:

- The YMCA bank draft is a continuous plan and that it will not automatically stop after the first year of my membership.
- I understand that to cancel my membership, I must give a **30 DAY WRITTEN NOTICE** in advance of my next draft date.
- If there is less than 30 days until the next draft I accept that I will be drafted again.
- I understand that if the monthly draft will be taken from my debit/credit card, it is my responsibility to notify the YMCA with a **30 DAY WRITTEN NOTICE** of any change in expiration date or account number.
- I understand I have **60 DAYS** from the posted bank statement date to report any discrepancy to the Y.
- The YMCA does not accept responsibility for any errors if **MORE THAN 60 DAYS** have past since the initial error.
- The YMCA Board of Directors may, at their discretion, adjust the monthly membership rate applicable to my category membership. I understand that I will receive at least **30 DAYS NOTICE** of the change before a debit occurs at the new rate.
- Should any monthly draft not be honored by my bank or credit card company for any reason, I realize that I am responsible for that payment plus a **\$20 service charge** applied by the YMCA. This is in addition to any service fee my bank may charge.

Please note: if the person whose account is being drafted is not the YMCA member, it is understood that the account holder is responsible for the above agreement and conditions.

Member's Signature: _____ **Date:** _____

I have chosen to have my joining fee drafted across the first _____ months. My first _____ drafts will be an additional \$ _____. Initial _____

For Office Use Only: