



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Date:
Member ID#:
Member Category:
Scholarship Percent:

Membership Application

Personal Information

Name: First MI Last

Male Female Birthdate Marital Status

Contact Information

Home Address: Address Line

City State Zip Code

Home Phone Cell Phone

Email Address

Employer Name Business Phone

Emergency

Contact: First Name Last Name

Emergency Phone Relation to Primary

Medical Information

Medical Problems Medications

Allergies Doctor Name

Doctor Phone #

Spouse/Adult and Children

First Name <input type="text"/>	Last Name <input type="text"/>	Date of Birth <input type="text"/>	Sex <input type="checkbox"/>	Employer/School <input type="text"/>
First Name <input type="text"/>	Last Name <input type="text"/>	Date of Birth <input type="text"/>	Sex <input type="checkbox"/>	Employer/School <input type="text"/>
First Name <input type="text"/>	Last Name <input type="text"/>	Date of Birth <input type="text"/>	Sex <input type="checkbox"/>	Employer/School <input type="text"/>
First Name <input type="text"/>	Last Name <input type="text"/>	Date of Birth <input type="text"/>	Sex <input type="checkbox"/>	Employer/School <input type="text"/>

Areas of Interest

- | | | | |
|---------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Child Care | <input type="checkbox"/> Family Recreation | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Spinning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Parent/Child Programs | <input type="checkbox"/> Strength Training |
| <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Sports | <input type="checkbox"/> Teen Activities | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Senior Programs | <input type="checkbox"/> Other |

Volunteer Work

- | | | | |
|---------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Child Care | <input type="checkbox"/> Family Recreation | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Spinning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Parent/Child Programs | <input type="checkbox"/> Strength Training |
| <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Sports | <input type="checkbox"/> Teen Activities | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Senior Programs | <input type="checkbox"/> Other |

How did you hear about the YMCA?

Have you had a tour?

As of today's date, I hereby become a member of the YMCA of Steuben County for a minimum period of **ONE YEAR**. I understand that if my membership is terminated before the one-year minimum, I am responsible for **ALL** payments within that year. I understand that I must make payments toward my membership dues in the following ways; Annual, Bank Draft, or Credit Card Draft. If I choose to pay by bank draft or credit card draft, I understand that my membership will continue monthly after the minimum one year or until I cancel in writing with a 30-day notice after my obligation has been fulfilled. I understand and subscribe to the mission and purpose of the YMCA of Steuben County and will work to promote it in my life and the YMCA. All prices are subject to change.

X Member Signature

Date

FOR OFFICE USE ONLY

Annual Fee: \$ _____

Collected: \$ _____

Balance: \$ _____

Staff Initials: _____



Date: _____

Authorization Agreement

I hereby authorize YMCA of Steuben county to initiate electronic fund entries to my:

Checking Savings Credit Card (MC, VISA, Discover)

Draft Date: 1st 15th

Financial Institution _____

Routing Number _____ Account # _____

Credit Card # _____ Expiration Date _____

This authorization remains in effect until the YMCA of Steuben County has received a **30 day written notice** from me indicating my desire to discontinue my membership after a minimum of 12 months.

Member Signature _____ Date _____

Member ID # _____

Terms and Conditions (Please initial)

I understand that this is a continuous membership plan with a minimum of 12 months and will remain in effect for as long as I retain the YMCA of Steuben County membership.

I understand that if I wish to terminate after a minimum of 12 months or change my membership in any way, I must give YMCA of Steuben County a 30 day written notice.

The YMCA of Steuben County may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive at least 30 day notice prior to any change in my membership fees.

Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of \$25.00 applied by the YMCA of Steuben County. This is in addition to any service fee the bank may make. I understand that it is my responsibility to notify the YMCA of Steuben County in writing should I change my financial institution and/or account at any time.

Staff Initials

YMCA of Steuben County, Inc.
Y MEMBERSHIP AND PROGRAM PARTICIPATION

AGREEMENT AND RELEASE OF LIABILITY

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA of Steuben County, Inc. and to use its facilities, equipment and machinery in addition to the payment of any fee or charge. I do hereby waive, release and forever discharge the YMCA of Steuben County, Inc. and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damage resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facility or arising out of my participation in any activities in said facility. I do hereby release all of those mentioned and any other acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA of Steuben County, Inc. or other locations at which the YMCA of Steuben County, Inc. is performing activities. I also will indemnify and hold harmless the YMCA of Steuben County, Inc. for any claims that arise from the use of the facilities by myself or the aforementioned child or children.

X Print Name _____ Signature _____ Date _____
Print Child's Name _____ (Member/Participant or Guardian)

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death. I also will indemnify and hold harmless the YMCA of Steuben County, Inc. for any claims that arise from the use of the facilities by myself or the aforementioned child or children.

X Print Name _____ Signature _____ Date _____
Print Child's Name _____ (Member/Participant or Guardian)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the YMCA of Steuben County, Inc. or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use of exercise and training equipment so that I might have recommendations concerning these physical activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and or use of equipment or machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities. I also will indemnify and hold harmless the YMCA of Steuben County, Inc. for any claims that arise from the use of the facilities by myself or the aforementioned child or children.

X Print Name _____ Signature _____ Date _____
Print Child's Name _____ (Member/Participant or Guardian)