



# ATHENS YMCA MEMBERSHIP APPLICATION

Adult    Family    Senior    Senior Couple    MHC    LHC    FHC

## PRIMARY ACCOUNT HOLDER

FIRST NAME: \_\_\_\_\_ SUFFIX: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER:  MALE  FEMALE

ADDRESS: \_\_\_\_\_  
STREET, CITY, ZIP CODE

PRIMARY PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALTERNATE PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PRIMARY EMAIL (REQUIRED): \_\_\_\_\_

## EMERGENCY CONTACT (IN ADDITION TO SPOUSE)

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT THE Y?

Friend    Radio    Website    Mailing

Social Media    Email    Flyer    Event

Other \_\_\_\_\_

## SECOND ADULT MEMBER IN HOUSEHOLD

FIRST NAME: \_\_\_\_\_ SUFFIX: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER:  MALE  FEMALE

CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PREFERRED EMAIL: \_\_\_\_\_

RELATIONSHIP TO PRIMARY: \_\_\_\_\_

**Children in household located on back of form (if applicable)**

## CHILDREN IN HOUSEHOLD

FIRST NAME: \_\_\_\_\_ SUFFIX: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  MALE  FEMALE

RELATIONSHIP TO PRIMARY: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SUFFIX: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  MALE  FEMALE

RELATIONSHIP TO PRIMARY: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SUFFIX: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  MALE  FEMALE

RELATIONSHIP TO PRIMARY: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SUFFIX: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  MALE  FEMALE

RELATIONSHIP TO PRIMARY: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SUFFIX: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  MALE  FEMALE

RELATIONSHIP TO PRIMARY: \_\_\_\_\_

**PAYMENT OPTIONS:** YMCA memberships are paid in full three months, annually or paid monthly via automatic draft.

**Monthly Draft Option**

Complete Section A

**Term Payment Option**

Complete Section B below

**MONTHLY DRAFT OPTION**

**YMCA BANK DRAFT MEMBERSHIP AGREEMENT**

PLEASE INITIAL EACH OF THE FOLLOWING:

**A**

- \_\_\_\_\_ 1. I understand the Bank Draft for membership is a continuous plan. I understand the membership payment will remain into effect until I initiate its termination. I further understand that **all account information changes or cancellations must be given to the Y by the 10th of month.**
- \_\_\_\_\_ 2. I understand all membership and joining fees are non-refundable.
- \_\_\_\_\_ 3. There is a \$30 service charge in addition to any service fee my bank may charge. I understand I will owe the \$30 fee as well as my monthly payment if my draft is returned.
- \_\_\_\_\_ 4. The Athens YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership at any time. I understand that I will receive at least 30 days notice prior to such changes.
- \_\_\_\_\_ 5. I understand all membership and/or program balances must be paid prior to membership termination acceptance.
- \_\_\_\_\_ 6. I understand that after one unpaid draft, the Y will immediately freeze my membership until I have brought all payments up to date.
- \_\_\_\_\_ 7. I understand after three draft returns or any membership balance over 30 days, regardless of the reason, my membership will be terminated.
- \_\_\_\_\_ 8. Please note that as of August 1, 2002 a member will not be allowed to use the bank draft method of payment if 3 drafts are returned in a calendar year.

**By signing below, I understand and agree to the terms of a Bank Draft membership as indicated above.**

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date mm/dd/yyyy

**FOLLOW THE STEPS BELOW TO COMPLETE YOUR DRAFT AGREEMENT.**

**1**

**METHOD OF PAYMENT:**

**Electronic Funds Transfer (EFT) - Attach voided check below**

**2**

**DRAFT DATE:**  **15th**

**3**

**MONTHLY DRAFT AMOUNT:** \$ \_\_\_\_\_

**Attach voided check here**

**THREE MONTH & ANNUAL PAYMENT AGREEMENT**

**Three Month Membership**

**Annual Membership**

**B**

I understand there are no refunds on membership or joining fees. If I choose to terminate my membership before the three month or year period I purchased has ended, I will not receive any refund. I understand if I do not renew my membership within thirty (30) days of the expiration date, I will be subject to a joining fee upon returning. The Athens YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership at any time. I understand that I will receive at least 30 days notice prior to such changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# ATHENS YMCA PARTICIPATION & PICTURE WAIVER

I understand that the YMCA assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries which may result from my participation in these activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claim for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I hereby give permission to have the Athens YMCA use photos and images of myself or my family in any publication affiliated with the Athens YMCA or with any news service for publicity such as program newsletters, fundraising brochures, press releases to local newspapers, and the Athens YMCA's website. I understand and agree that there will be no compensation for use of these materials. This release shall continue in effect until I send in written notice to terminate the use of any image of myself or my family. Such termination shall not affect the use of images before the notice of termination.

I understand that the Athens YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. NO refunds will be issued on membership fees.

## GENERAL POLICIES

- Members must check-in with the Front Desk each time you enter the YMCA facility. Members will need to register in our check-in system. Members without a membership card or photo ID may be denied access if they are not in our check-in system.
- The YMCA Core Values of Caring, Honesty, Respect and Responsibility are expected to govern your behavior at all times.
- Please refrain from the use of foul language, abusive actions or any other inappropriate behavior.
- Physical contact with another person in an angry, inappropriate or threatening manner will not be tolerated.
- Appropriate clothing is required at all times.
- Theft or behavior which results in the destruction of property will not be tolerated.
- Smoking is prohibited. All Athens YMCA facility and grounds offer a smoke-free environment.
- A photo ID is required for all day pass users and guests.
- Each membership is allowed one guest per day. All guests visiting with a member receive **one guest pass per year at no cost**. Guests will be required to complete the Guest Registration Process-show ID and sign the guest waiver before entry is granted.
- Certain felony convictions may result in automatic terminations of an Athens YMCA membership.
- You must be 16 to enter the facility without a parent/guardian (anyone under age 16 must be with parent/guardian at all times)

## PICTURE WAIVER

I give my permission to the Athens YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my (or my dependent's) image or voice for purposes of promoting or interpreting Y programs. INITIALS \_\_\_\_\_ (LEAVE BLANK IF PERMISSION NOT GRANTED)

**I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT**

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date mm/dd/yyyy

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date mm/dd/yyyy

## FOR YMCA USE ONLY

STAFF ACCEPTING: \_\_\_\_\_ DATE ACCEPTED: \_\_\_\_\_ JOIN DATE: \_\_\_\_\_

MEMBERSHIP TYPE:  Adult  Family  Senior  Senior Couple  MHC  LHC  FHC

DAXKO UNIT ID: \_\_\_\_\_ NEXT PROCESS DATE: \_\_\_\_\_

DISCOUNT:  Military  Gift Certificate  Building Fund Fee Waived

TODAY'S TOTAL PAYMENT: \_\_\_\_\_ PAYMENT TYPE:  Cash  Check # \_\_\_\_\_  Credit Card

COMMENTS: \_\_\_\_\_