



ATHENS YMCA MEMBERSHIP APPLICATION

Adult Family Senior Senior Couple MHC LHC FHC

PRIMARY ACCOUNT HOLDER

FIRST NAME: _____ SUFFIX: _____ LAST NAME: _____

DATE OF BIRTH: _____ AGE: _____ 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 Social Media

Email Flyer

Mailing Event

Other: _____

GIVING BACK

The Y is a non-profit organization dedicated to social responsibility, youth development, and healthy living. Would you be interested in giving back to the community? Please choose from the following:

Yes, by \$4/month

Yes, Other \$ _____

No Thanks

I understand and agree to the terms as stated above.

Signature of Member

Date mm/dd/yyyy

SECOND ADULT MEMBER IN HOUSEHOLD

FIRST NAME: _____ SUFFIX: _____ LAST NAME: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: MALE FEMALE

CELL PHONE: (____) _____ - _____ PREFERRED EMAIL: _____

RELATIONSHIP TO PRIMARY: _____

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

Updated
September 24, 2018

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

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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 DRAFT MEMBERSHIP AGREEMENT

PLEASE INITIAL EACH OF THE FOLLOWING:

- A**
- _____ 1. I understand the 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 the 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 terminate the membership before the next draft if the outstanding payments are not 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 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)

Bank Draft - Attach routing & account number

Credit/Debit Card Draft:

Card Type (Please circle): Visa Master Card Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____/_____

2 DRAFT DATE: 15th

3 MONTHLY DRAFT AMOUNT:

\$ _____

TERM PAYMENT AGREEMENT

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 a year 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: _____