

YMEMBERSHIP™

We build strong kids, strong families, strong communities.

Application for YMCA Membership

Member # _____

Office use only: Join Date: _____ Amount paid _____ Annual Pay 6 Month Pay E.F.T.
 Type of Membership: Corporate Youth Individual Family 1 Family 2
 Staff Initials _____ Senior 1 Senior 2 FA Staff Other

To help us serve you better, please fill out the following information. This information is kept confidential.

(0) First Name _____ MI _____ Last _____ M F DOB _____

(1) Spouse Name _____ MI _____ Last _____ M F DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Your Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

Emergency Contact _____ Relationship _____ Phone _____

	Dependent/Children's Names	M/F	Birth Date	Relationship
<u>02</u>				
<u>03</u>				
<u>04</u>				
<u>05</u>				
<u>06</u>				
<u>07</u>				
<u>08</u>				

How did you hear about the YMCA? Newspaper TV Radio YMCA Brochure Member Other: _____

Why did you join the YMCA? _____

The YMCA is a volunteer-driven organization. We utilize volunteers in our programs such as YMCA Youth Sports coaches, special events like Healthy Kids Day, and facility projects like Back to School. We can certainly use your help.

Would you like a staff member to contact you regarding volunteer opportunities at this time? Yes No

If yes, what special skills do you have? _____
 (e.g. carpenter, coaching, plumber)

What areas are you interested in? _____
 (e.g. youth sports coach, facility, special events)

YMCA Strong Kids Campaign

The YMCA is here to make a difference in the lives of children and families. **100 percent of the money** donated by our community goes directly to programming in this community.

Yes, I want to help build strong kids!

Please apply 100 percent of my contribution of ___\$10 ___\$25 ___\$50 ___\$100 ___(other) to the YMCA Membership and Program Assistance Fund.

Contributions are tax deductible to the extent of the law.

Payment received Please bank draft

Waiver for all Programs

The YMCA highly recommends that you consult your physician before participating in any physical fitness program.

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of the YMCA property or not.

I shall assume liability for, and defend the YMCA, its branches, camps, agents, servants, employees, officers and directors for any expenses including, but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which the directors may pay or become obligated to pay on amount of any, all, and every demand for claim or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen as a result of any action or omission by USER, its agents, servants, or invitees.

USER acknowledges that the use of the real or personal property is at risk of the USER.

Signature (Parent if under 18 years of age)

Date

Staff Initials

Signature

Date

Our Mission and Values

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

I understand that membership to the YMCA is a privilege and may be revoked for conduct unbecoming a member as stated in the rules of the facility or at the discretion of the director. I further understand that **membership dues are not refundable. It is my understanding that if I wish to terminate my membership in any way, I must give the YMCA a 14-day written notice from my original draft date.** All new facility members will pay a non-refundable joining fee to be used for capital expenditures and continued development of the YMCA of Greater Williamson County. Anyone whose membership has lapsed must pay a \$90 reinstatement fee upon re-registering within the first 90 days. After 90 days the full joining fee must be paid. I give consent for any pictures taken of myself, or of my family, involved in YMCA programs to be used for future YMCA promotions or display.

Signature (Parent if under 18 years of age)

Date

Staff Initials

Signature

Date

