



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA MEMBERSHIP APPLICATION

Last _____ First _____ Initial _____ Birth Date ____ / ____ / ____

Address _____

Phone Number

City _____ State _____ Zip _____ Cell: _____

Home: _____

E-mail Address _____

Employer _____ Occupation _____

Emergency Contact _____ Relationship _____ Phone _____

For Household Memberships, please complete the following:

	Name	M/F	Birth Date	2 nd Adult Employer
2 nd Adult	_____	_____	____ / ____ / ____	_____
Child	_____	_____	____ / ____ / ____	2nd Adult Email _____
Child	_____	_____	____ / ____ / ____	
Child	_____	_____	____ / ____ / ____	
Child	_____	_____	____ / ____ / ____	

PAYMENT OPTIONS

MONTHLY BANK DRAFT
 ANNUAL PAY IN FULL

How did you hear about us? _____

New Membership Change Banking Date Requested: ____ / ____ / ____

BANK/CREDIT CARD DRAFT AUTHORIZATION

Please read and initial each. By initialing this, I understand that:

- _____ YMCA monthly bank/credit card draft will be an **AUTOMATIC RENEWAL**. This membership will continue to draft until a **15-day written** notification is provided prior to my draft date to the YMCA.
- _____ Incorrect draft amounts must be reported to the YMCA within 60 days of written termination or from the last bank statement or the YMCA **will not** be held liable.
- _____ Any membership draft not honored by my financial institution for any reason, a \$30.00 service charge will be applied. This is in addition to any service fees applied by my financial institution or third-party collector.
- _____ It is my responsibility to notify the YMCA of any account or address changes **15 days** prior to payment being drafted from new account.

By signing below, I verify that I understand the YMCA Draft policy, which may be subject to change and is available on the Youngstown YMCA website, and authorize my bank/credit card company account to be automatically drafted.

Signature _____ Date _____

Name (on account) _____

Member's Name (if different than above) _____

STAFF USE ONLY

BANK NAME

CHECKING SAVINGS

Bank Routing Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Account Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Member ID

_____|_____|_____|_____|_____|_____|_____|_____|

CREDIT CARD

VISA MASTERCARD DISCOVER AMEX

Account Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Expiration

_____|_____| / ____|_____|

Draft Start ____ / ____ / ____

Draft Amount \$ _____

Staff Initial _____



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RELEASE OF LIABILITY

Young Men's Christian Association of Youngstown

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

I understand that the YMCA of Youngstown assumes no responsibility for injuries or illnesses which I, my spouse, or my minor children or any other person may sustain as a result of my/their physical condition, this membership, my/their use of any facility or my/their participation in any activities, programs, exercise, or the use of any equipment (collectively, "Activities"). I expressly acknowledge on behalf of myself, my spouse, my minor children and our heirs that I assume the risk for any and all injuries, illnesses, death, loss or damage, which may result from any of the foregoing. I hereby release and discharge the YMCA of Youngstown, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which I, my spouse, or minor children may suffer as a result of my/their physical condition, this membership, my/their use of any facility or participation in any activities. In the event, I, my spouse, my minor children bring any guest to any YMCA of Youngstown facility or activity, I also agree to be responsible for ensuring that such guests adhere to the rules and policies of the YMCA of Youngstown and to inform them that they assume liability for injuries, illness, death, loss or damage which may result from participation in any activities, programs, exercise or the use of any equipment.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations of the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

I understand that the YMCA of Youngstown is not responsible for personal property lost or stolen while members and/or program participants are using YMCA of Youngstown or are on YMCA of Youngstown premises.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

For my participation in activities to be conducted by the YMCA of Youngstown, I hereby give my permission and consent, now and for all time, to the YMCA of Youngstown and third parties collaborating with the YMCA of Youngstown to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA of Youngstown, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I agree that my consent and this release are irrevocable. I hereby release and discharge the YMCA of Youngstown and third parties collaborating with the YMCA of Youngstown from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA of Youngstown as described herein.

Signature

Printed Name

If Member is under 18:

I am the Mother/Father/Legal Guardian of _____ (child's name).
For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian

Printed Name

For Office Use Only

Date: _____

Member ID: _____

Staff Initials: _____