

Unit Name: \_\_\_\_\_ Unit ID: # \_\_\_\_\_ Trial Membership Expiration Date: \_\_\_\_\_

Last name, First name



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Main reason for Joining: \_\_\_\_\_

**Membership Info**

- |                                    |                                    |                                  |                                      |   |  |
|------------------------------------|------------------------------------|----------------------------------|--------------------------------------|---|--|
| <b>Branch:</b>                     | <b>Trial Membership:</b>           | <b>Membership Term:</b>          | <b>Type:</b>                         |   |  |
| <input type="checkbox"/> Northwest | <input type="checkbox"/> One Week  | <input type="checkbox"/> Monthly | <input type="checkbox"/> Youth       | <input type="checkbox"/> Two Adults             | <input type="checkbox"/> Senior Adult      |
| <input type="checkbox"/> Southeast | <input type="checkbox"/> IU Health | <input type="checkbox"/> Annual  | <input type="checkbox"/> Young Adult | <input type="checkbox"/> Family with One Adult  | <input type="checkbox"/> Senior Two Adults |
|                                    |                                    |                                  | <input type="checkbox"/> Adult       | <input type="checkbox"/> Family with Two Adults |  |

**Member Info**

**Primary Adult:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Second Adult:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Dependents:**

Name _____	Relationship _____
Date of Birth _____ Sex _____	
Name _____	Relationship _____
Date of Birth _____ Sex _____	
Name _____	Relationship _____
Date of Birth _____ Sex _____	
Name _____	Relationship _____
Date of Birth _____ Sex _____	

**OFFICE USE ONLY**

Date _____	Joiner Fee \$ _____	<b>Monthly Dues:</b>	<b>Discount Group</b>
Staff Initials _____	Pro Rate \$ _____	Date of Draft _____	
Payment ID _____	Total Paid Today \$ _____	Circle One: 1st 15th	<b>Notes</b>
		Monthly Amount \$ _____	

## Release and Waiver of Liability and Indemnity Agreement

In consideration of permission to use the property, facilities and services of the Monroe County YMCA (the "YMCA"), such use including, but not limited to, use of the YMCA's facilities or equipment, participation in YMCA programs or activities, and observation of any of the foregoing, I do hereby agree:

### 1. Release and Waiver of Liability

For myself and my heirs, assigns, personal representatives, executors and administrators to waive, release, and forever discharge the YMCA and its respective directors, officers, employees, representatives and members (the "Releasee") from liability for any loss or damage and from any rights, claims or demands therefore which I have or which may hereafter accrue to me arising out of injury to my person or my property incurred in connection with my use of the property, facilities or services of the YMCA, whether such damages are caused by the negligence of the Releasees or otherwise.

### 2. Assumption of Risk

That I bear sole risk of injury resulting from my use of the property, facilities and services of the YMCA. Hereby, I assume full responsibility for any risk of any bodily injury, death or property damage arising from such use, whether caused by the negligence of the Releasees or otherwise.

### 3. Indemnification

To indemnify and hold harmless the Releasees and each of them from any loss, liability damage or cost they may incur in connection with my use of the property, facilities and services of the YMCA, whether cause by the negligence of the Releasees or otherwise.

### 4. Safety Procedure

For the safety of others, especially children, all new and renewing members will be referenced against the Indiana Sex and Violent Offender Registry. It would then be the prerogative of the Monroe County YMCA to further investigate if necessary.

The below signed applicant is representing all the above stated participants on this form. It is the applicant's sole responsibility to relay this information to them.

I have read and understood this agreement, and sign it freely and voluntarily.

X

Applicant Signature

X

Parent/Guardian Signature if Applicant is under Age 18

## Electronic Funds Transfer and Credit Card Authorization

Please initial each:

1. \_\_\_\_\_ **CONTINUOUS MEMBERSHIP:** My membership dues are paid through Credit Card draft or Electronic Funds Transfer, I understand this is a continuous membership plan.

2. \_\_\_\_\_ **30 DAYS WRITTEN NOTICE:** It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 day written notice.

**Example:** If your draft comes out on the 1st of the month, we need your written notice by the 1st of the previous month. If your draft comes out on the 15th of the month, we need your written notice by the 15th of the previous month.

3. \_\_\_\_\_ **RATE CHANGES:** All membership rates are subject to change within 15 days written notice. The notice will be mailed to the address on record at the YMCA, as furnished by the member. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues and voided check) or credit card information / expiration date (if utilizing credit card for payment of dues).

4. \_\_\_\_\_ **JOINER FEE:** The Joiner Fee is a one-time fee as long as you remain an active member of the YMCA. If you choose to cancel or discontinue your membership for more than 60 days, a Joiner Fee will be charged when you reapply for membership.

5. \_\_\_\_\_ **RETURNED PAYMENTS:** All returned payments will incur an \$19 fee, due when reinstating membership.

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, it is understood that my membership will be canceled and/or my participation in a program I am drafting for could be compromised.

\_\_\_\_\_ I choose to utilize the EFT option for monthly payment: Direct withdrawal from my.... Checking Account or Savings Account.

\_\_\_\_\_ I choose to utilize the Card Payment option for monthly payment: Automatic direct charge to my.... credit card or debit card.

I understand it is my responsibility to update draft information with the YMCA as needed.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Note: Above named person is the account holder

Please staple voided check or savings account bank form here.