



WORTHINGTON AREA YMCA DeGROOT FAMILY CENTER

New Member Application

Date: _____

PRIMARY MEMBER	Title		First Name		MI	Last Name			
	Mailing Address								
	City				State		Zip Code		
	Home Phone			Cell Phone			Email Address		
	Birth Date		Gender		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Employer		
SPOUSE	First Name		MI		Last Name				
	Address (If different than above)								
	Home Phone			Cell Phone			Email Address		
	Birth Date		Gender		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Employer		
DEPENDENTS	First	MI	Last	Birth Date	Gender	Relationship	School		
	First	MI	Last	Birth Date	Gender	Relationship	School		
	First	MI	Last	Birth Date	Gender	Relationship	School		
	First	MI	Last	Birth Date	Gender	Relationship	School		
	First	MI	Last	Birth Date	Gender	Relationship	School		
	First	MI	Last	Birth Date	Gender	Relationship	School		
Emergency Contact Name			Relationship			Emergency Contact Phone			
MEMBERSHIPS	<input type="checkbox"/> Youth (ages 18 and under)		<input type="checkbox"/> Family (Households with 2 married parents and their dependents 18 & Under, 22 & under Fulltime College 12 Credits)					SHORT TERM MEMBERSHIPS	<input type="checkbox"/> 1 Month Adult
	<input type="checkbox"/> College (FT Stud. Min 12 Credits)		<input type="checkbox"/> Single Parent Household (households with 1 parent and his/her dependents 18 & Under, 22 & under Fulltime College 12 Credits)						<input type="checkbox"/> 3 Month Adult
MEMBERSHIPS	<input type="checkbox"/> College 4 Month (FT Stud. Min 12 Credits)		<input type="checkbox"/> Senior Citizen (adults 62 and older)					SERVICES	<input type="checkbox"/> 1 Month Family
	<input type="checkbox"/> Adult (19 to 61)		<input type="checkbox"/> Senior Citizen Couples (At least one adult is age 62 or older)						<input type="checkbox"/> 3 Month Family
MEMBERSHIPS	<input type="checkbox"/> Couples (Adult married couples living in the		<input type="checkbox"/> Senior Citizen/Silver Sneakers					SERVICES	<input type="checkbox"/> 4 Month College (12 credits)
	A \$50 Joiners Fee applies to all memberships (Except College \$25>None for Youth & Short Term)								
YMCA USE ONLY	Membership Number		Membership Type		Joiners Fee \$25/\$50 Excpet Short term & Youth Paid Y N		Annual Payment Amount \$ _____		Monthly Dues Date of Draft/CC Payment: 15th of Every Month Monthly Amount \$ _____ <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card
	Barcode #		Expiration Date		Prorated Amount Paid		<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash		
	YMCA Staff Member		Notes						

Turn form over to complete

Financial Aid is available for those who qualify.

WAIVER

I am an adult over 18 years of age and wish to participate in YMCA (the "YMCA") membership/program activities, and allow my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement, "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I give my permission to the YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include me or my children's image or voice for the purpose of promotion or interpreting YMCA programs.

Membership Agreement

I understand that I am committed to a 12 month membership and this may not be cancelled at any time during this period. If my membership dues are paid through Credit Card draft or Electronic Funds Transfer, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards are the property of the YMCA and must be surrendered upon demand.

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 written notice after 12 months. All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (it utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for I understand ALL of the above and I hereby apply for membership:

Signature: _____ **Date:** _____

Note: Parent or guardian must sign if applicant is under 18 years of age.

ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfer 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, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge. It is further understood that if such payment is not honored by the bank or Credit Card Institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for monthly payment-

Checking

Savings Account

Bank Name _____

Name on Account: _____

Routing /Transit #: _____

Account Number: _____

Authorized Signature: _____

Date: _____

I choose to utilize the Credit Card Payment option for monthly payment - automatic

Credit Card Type:

Visa

Mastercard

Discover

Account Number: _____

Card Holder Name: _____

Authorized Signature: _____

Expiration Date: _____

Date: _____

ATTACH VOIDED CHECK HERE.