



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP APPLICATION:

Please only complete information that is applicable.

ID# _____

Salutation: _____ Dr. _____ Mr. _____ Mrs. _____ Miss _____ Ms. _____
 Legal First Name _____ MI _____ Last Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Gender _____ Date of Birth _____ Email Address _____
 Employer _____ Department / Position _____

Other household members on membership			Date of Birth	Gender	Relationship
First Name	Middle Initial	Last Name			

Emergency Contact: _____ Phone _____ Relationship _____

It is my understanding that:

- All joining and membership fees are non-refundable.
- All annual memberships are non-refundable.
- Terminations and changes to monthly memberships require a 15-day written notice.
- I must use my home YMCA 51% of the time. If I consistently do not, I understand my membership will be automatically transferred to the YMCA I am most utilizing and my fee will be adjusted accordingly.
- 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.
- I, those included on my membership, and my guests will adhere to the values of the YMCA: caring, honesty, respect and responsibility while within the YMCA or while participating in any YMCA program. Failure to do so may result in my membership privileges being revoked.
- Any child on this membership must be at least 13 years old to use the facility without adult supervision.
- Any child on this membership age 13 and above must check with the department director prior to using the specific program area.
- Membership cards must be presented at each visit and may not be used by anyone but the member.
- It is my responsibility to contact my physician before beginning any activity. In the event of an emergency, I authorize the YMCA to transport me or my child to the nearest medical facility for emergency treatment.
- For security reasons, and to ensure the safety of members, guests and staff, the YMCA reserves the right to search the bag, backpack or pocketbook of any individual on its premises.

Signature: _____ Date: _____

What is your preferred method of communication?

Email _____ Text message _____ Phone call _____

How did you hear about us? (select all that apply)

Social media _____ Friend/family _____ Print advertising _____ Google _____ Billboard _____ Other: _____



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MEMBERSHIP APPLICATION:

Payment Agreement

Indicate type of account for monthly draft: ___*Checking Account ___*Savings Account ___Credit/Check Card

*Note: A credit/check card (information completed on following page) is required for joining fee and prorated monthly amount

I give authorization to the YMCA of Greensboro to automatically draft \$_____ a month from my account. I have provided a voided check or a bank issued statement indicating routing and account number from my checking or savings account, or had my credit or debit card entered into the system. It is my understanding that the draft will take place on the **15th of each month** and cannot be changed from that date.

I understand the first draft will be _____

Member's Signature: _____ Date: _____

Member's Agreement:

- The YMCA bank draft is a continuous plan and that it will not automatically stop after the first year of my membership.
- I understand that to cancel my membership, I must give a **15-DAY WRITTEN NOTICE** in advance of my next draft date.
- If there is less than 15 days until the next draft I accept that I will be drafted again.
- I understand that if the monthly draft will be taken from my debit/credit card, it is my responsibility to notify the YMCA with a **15-DAY WRITTEN NOTICE** of any change in expiration date or account number.
- I understand I have **60 DAYS** from the posted bank statement date to report any discrepancy to the Y.
- The YMCA does not accept responsibility for any errors if **MORE THAN 60 DAYS** have passed since the initial error.
- The YMCA Board of Directors may, at their discretion, adjust the monthly membership rate applicable to my category membership. I understand that I will receive at least **30 DAYS NOTICE** of the change before a debit occurs at the new rate.
- Should any monthly draft not be honored by my bank or credit card company for any reason, I realize that I am responsible for that payment plus a **\$20 service charge** applied by the YMCA. This is in addition to any service fee my bank may charge.

Please note: if the person whose account is being drafted is not the YMCA member, it is understood that the account holder is responsible for the above agreement and conditions.

Member's Signature: _____ Date: _____

I have chosen to have my joining fee drafted across the first _____ months. My first _____ drafts will be an additional \$ _____. Initial _____

For Office Use Only:



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MEMBERSHIP PAYMENT INFORMATION

Membership Name _____

Credit/Debit Card information

First name (Must match card) _____

Last name (Must match card) _____

Card Number _____

Expiration Date _____

Security Code _____

Billing Street Address _____

City _____

Zip Code _____

Email Address _____

In order to activate your membership, we must charge your debit/credit card with a joining fee (if applicable) and prorated monthly amount. Depending on the branch, joining fees will be no higher than \$75. Let us know how you'd like us to charge your card (included above) by selecting one of the options below:

_____ Charge me any applicable joining fee and prorate amounts (I do not need to be notified first)

_____ Call me with my balance before charging

_____ Email me with my balance before charging



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MEMBERSHIP PAYMENT INFORMATION

Checking/Savings Account

If you would like your monthly membership payment drafted from your bank account instead of using a credit/debit card, please complete the below form and email a picture or scan of a voided check to info@ymcagreensboro.org.

Membership Name _____

Account Information

First name (Must match account) _____

Last name (Must match account) _____

Account Type: Checking _____ Savings _____

Bank Name _____

Bank Routing Number _____

Account Number _____

Billing Street Address _____

City _____

Zip Code _____

Email Address _____

I certify that the information above is correct and I am an authorized signer or designated of the account provided for ACH transactions, and that I am authorized to provide this information.

Initial _____

I authorize the YMCA of Greensboro to deduct my monthly payments from this account.

Initial _____

Reminder: In order to activate your membership, we must charge your debit/credit card with a joining fee (if applicable) and prorated monthly amount. Going forward, your monthly fee will then be drafted from the account specified above.



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Adult Participant Release & Waiver of Liability and Indemnity Agreement, Media Release

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF GREENSBORO, INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I acknowledge and agree that any use of YMCA of Greensboro, Inc. facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Greensboro, Inc. programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that YMCA of Greensboro, Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Media Release

In consideration of my use of facilities and participation in programs, I **GRANT PERMISSION** to use my likeness in a photograph, video or other digital media ('photo') in any and all of its publications, including web-based publications, without payment or other consideration. I also understand and agree that all photos will become the property of the YMCA of Greensboro and will not be returned.

Participant Signature: _____ Date: _____

Participant Legal Name (Print Clearly): _____ Member ID: _____

Participant D.O.B: _____ Email Address: _____



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Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue, Media Release

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF GREENSBORO, INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of YMCA of Greensboro, Inc. facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Greensboro, Inc. programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA of Greensboro, Inc., it's officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or death sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Media Release

In consideration of my Minor's use of facilities and participation in programs, I **GRANT PERMISSION** to use my minor child(ren) likeness in a photograph, video or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I also understand and agree that all photos will become the property of the YMCA of Greensboro and will not be returned.

Minor 1 Name: _____ D.O.B: _____

Minor 2 Name: _____ D.O.B: _____

Minor 3 Name: _____ D.O.B: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____ Member ID: _____

Email Address: _____