



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CONTACT INFORMATION

Date ___ / ___ / ___ Membership # _____

First Name _____ Last Name _____ M.I. _____

Street Address _____ City _____ State _____ Zip _____

Sex(circle) M F Date of Birth ___ / ___ / ___ Mobile _____ Home _____ Work _____

Employer _____

Spouse Employer _____

Emergency Contact Name _____ Relationship _____ Phone _____

Additional Members

	First Name	Last Name	Date of Birth	Sex	Relationship
1.					
2.					
3.					
4.					
5.					
6.					

Best Method of Contact (circle) Email Phone

EMAIL

I authorize the YMCA OF LENAWEЕ COUNTY to send me updates via email regarding YMCA classes, events and programs. YMCA OF LENAWEЕ COUNTY does not share email lists with other businesses or individuals.

1. Email _____ 2. Email _____

INTERESTS

I am:

- a regular exerciser looking for a new facility
- a non-exerciser considering starting
- a former exerciser ready to start again
- interested in the YMCA for other reasons

Interests (check all that apply)

Adult Programs

- Diabetes Prevention
- Group Exercise
- Personal Training
- Sports
- Strength Training
- Water Exercise
- Wellness Center Orientation

Youth Programs

- Child Care
- Day Camp
- Tumbling
- Sports
- Swim Lessons
- Swim Team

NOTES

Join Tour Staff Initials _____

MEMBERSHIP WAIVER

I am an adult over 18 years of age and wish to participate in YMCA of Lenawee County (the "YMCA") membership/program activities, and if applicable wish 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 or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, 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 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 assume full responsibility for removing myself and children from any media opportunities that I do not wish to participate in. I hereby grant to the YMCA the unrestricted right to use and publish photographic images of me and children, or in which I may be included, for marketing materials, YMCA websites or YMCA social networks, editorial trade advertising, and any other lawful purpose related to the YMCA.

I understand that this is a continuous membership plan (minimum of 12 months). Memberships are not refundable or transferable.

The YMCA reserves the right to review any membership application and deny membership access to or terminate any membership with or without notice.

Signature _____ Date _____

ANNUAL HOUSEHOLD INCOME

More than \$65,000

\$50,000-64,999

\$35,000-49,999

Less than \$35,000

If you are a recipient of our Y For All rate, you may be asked to verify your household income on an annual basis.

ELECTRONIC FUNDS TRANSFER

I authorize my bank to make payment by a preauthorized check and post it to my account. Please check one: Checking (provide voided check)
 Savings
 Credit Card

Name(s) on Account/Credit Card _____

Transit Routing Number(checking/savings) _____ Name of Bank(checking/savings) _____

Account #/Credit Card # _____ Credit Card Expiration _____

First Draft Date ____ / ____ / ____ Monthly Amount _____ Monthly Amount Without Income Verification _____

I understand that this is a continuous membership plan (minimum of 12 months).

I understand that if I wish to terminate after a minimum of 12 months or change my membership in any way, I must give the YMCA a 30-day written notice. I understand that I will be responsible for final payment.

The YMCA Board of Trustees may, at their discretion, adjust the monthly rate applicable to my membership category. I understand that I will receive a notice 30 days prior to any such change.

I understand that any draft returned for any reason may be collected electronically by a third party and will also be charged a service fee which will also be electronically debited. This is in addition to any fees charged by my bank. The YMCA reserves the right to cancel my membership due to unpaid returned drafts.

I understand that if my draft information or my credit card is lost, stolen, expired or changed, I am to notify the YMCA immediately so that I do not incur any returned payment fees.

Memberships are not refundable or transferable.

By signing below, you are agreeing to abide by these terms and conditions.

Signature _____ Date _____

STAFF SECTION

Join Date _____ First Draft Date _____ Member ID # _____

NOTES: _____

Staff Initials _____

Membership Type/Code: _____