



# YMCA OF GREENVILLE & HUNT COUNTY Membership Application

**Type of Membership:** *Please choose one.*

- Youth (19 & Under)
  Young Adult (20-30)
  Adult (31-55)
  Family (2 adults + 7kids)
  Together(2 adults 31-55)
- Single Parent Family (1 Adult + 7 kids)
  Active Older Adult(56+)
  Active Older Adult Family (2 adults w/1-56+)

**PRIMARY MEMBER:** *This person is responsible for payments and will receive correspondents from the YMCA.*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell/Work Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ *(We do not distribute or sell email addresses)*

Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Marital Status:  Single  Married

Payment Date:  1<sup>st</sup> of Month  5<sup>th</sup> of Month  15<sup>th</sup> of Month

**ADDITIONAL MEMBERS:**

Last Name	First Name	Middle Initial	Date of Birth	Gender	Relationship to Primary Member

**EMERGENCY CONTACT:** Please list a family member or friend we may contact in case of an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PAYMENT METHOD:** Please choose one.

- Payment in Advance of
  3 months
  6 months *(waive joining fee)*
 12 months *(waive joining fee)*

Monthly EFT/ Bank Draft from a checking or savings account *(attach copy of voided check)*

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

- Monthly Credit / Debit Card Payment

Type of card: \_\_\_\_\_ Acct. Number: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

**PAYMENT AUTHORIZATION:** *Please read and initial each item and sign and back of this page.*

\_\_\_\_ I authorize my financial institution to honor drafts drawn by the YMCA of Greenville & Hunt County on my account. Drafts from my account will be deducted on the 1<sup>st</sup> of each month, unless otherwise specified. The amount drafted will be the current amount due on my account.

\_\_\_\_ A \$25 service fee will be charged for all returned payments including declined credit cards.

\_\_\_\_ I understand that I will be notified in writing of any monthly rate changes that are approved by the YMCA Board of Directors during the course of my membership. I understand that all down payments are non-refundable.

**CHANGES / CANCELLATION OF MEMBERSHIP:** *Please read and initial that you agree to the following statement.*

\_\_\_\_ I understand that I must give the YMCA written notice 7 days prior to the draft date to make changes to my account or 30days to cancel my membership for the following month. I understand my dues are continuous and automatically renewed.



YMCA of Greenville & Hunt County
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY
AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I COMMIT, BY MY SIGNATURE, TO ALLOW THE YMCA OF GREENVILLE & HUNT COUNTY TO DRAFT, WHERE APPLICABLE, MY BANK ACCOUNT OR CREDIT CARD FOR PAYMENT FOR MY MEMBERSHIP. BY MY SIGNATURE AND OF MY FREE WILL, I DO HEREBY AGREE TO INDEMNIFY AND WAIVE HARMLESS THE YMCA OF GREENVILLE & HUNT COUNTY FROM ANY AND ALL CLAIMS OR DEMANDS, COST OR EXPENSE ARISING OUT OF ANY INJURIES, DAMAGES OR OTHER LOSSES, WHETHER PERSONAL OR PROPERTY, SUSTAINED BY ME OR ANY PARTY TO WHOM I AM RESPONSIBLE. BY MY SIGNATURE I ACKNOWLEDGE I HAVE BEEN GIVEN INFORMATION TO READ WITH REGARD TO OTHER YMCA POLICIES. YOUR MEMBERSHIP WILL AUTOMATICALLY BE ADJUSTED FOR THESE AGE-SPECIFIC MEMBERSHIPS: YOUTH TO YOUNG ADULT AT AGE 20; YOUNG ADULT TO ADULT AT AGE 31; ADULT TO SENIOR ADULT AT AGE 56 AND FAMILY TO SENIOR FAMILY AT AGE 56 (2 ADULTS ONLY).

CONVICTED SEX OFFENDER POLICY

Any individual registered as convicted sex offenders may not gain entry to the YMCA of Greenville & Hunt County owned buildings through a membership, daily fee, guest pass, as volunteer, staff member, or by any other means.

I HAVE READ THIS RELEASE / POLICY

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature Parent or Guardian if under 18 : \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

DL / ID Copy Staff \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Picture in Daxko Staff \_\_\_\_\_

Member ID: \_\_\_\_\_ Discount Group: \_\_\_\_\_

DG Proof Staff \_\_\_\_\_