

Membership Enrollment Form

SALINA FAMILY YMCA



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP TYPE (FOR OFFICE USE ONLY)

| | | | | | | | |
|--------------------------------------|------------------------------------|---------------------------------|--------------------------------------|------------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Family | <input type="checkbox"/> Couple | <input type="checkbox"/> Adult | <input type="checkbox"/> Young Adult | <input type="checkbox"/> Student | <input type="checkbox"/> Youth | <input type="checkbox"/> FA _____% | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Employee PT | <input type="checkbox"/> Emp + Fam | <input type="checkbox"/> Emp FT | <input type="checkbox"/> Therapy | <input type="checkbox"/> Corporate | | | |

MEMBER INFORMATION

| | | | | |
|---------------------------------|------------------------|-------------------------------------|---------------------|-----------------|
| LEGAL FIRST NAME | LEGAL LAST NAME | M/F | DOB | BAR CODE |
| ADDRESS | | CITY, ST, ZIP | | |
| EMAIL | | PHONE | | |
| EMPLOYER (if applicable) | | SCHOOL (if youth or student) | | |
| EMERGENCY CONTACT | | PHONE | RELATIONSHIP | |

FAMILY MEMBERS (only required if joining as a Couple or Family)

*All family members must reside at the same address. Up to two adults and the children in the household.

| LEGAL NAME (First, MI, Last) | M/F | DOB | EMPLOYER/SCHOOL |
|------------------------------|-----|-----|-----------------|
| | | | |
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| | | | |

OPTIONS

Towel Service (\$9/mo) Kids Gym 1 (\$15/mo) KG 2+ (\$20/mo) Kit Locker (\$9/mo) # _____

Corp Kids Gym 1 (\$11.25/mo) Corp Kids Gym 2+ (\$15/mo)

Donation (tax-deductible) \$ _____/mo (separate draft on 20th of the month) or one time gift: \$ _____

PAYMENT OPTION (Choose 1)

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Electronic Funds Transfer: Checking or Savings | | | |
| NAME ON ACCOUNT | ACCOUNT TYPE | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| BANK NAME | ROUTING NUMBER (ATTACH VOIDED CHECK) | | |
| ACCOUNT NUMBER | | | |
| <input type="checkbox"/> Electronic Funds Transfer: Credit or Debit Card | | | |
| CARD TYPE | CARD NUMBER | | |
| <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa | | | |
| NAME ON CARD | EXP DATE | CSV CODE | |
| <input type="checkbox"/> Fixed Term Payment (pay ahead. No refunds given) | | | |
| <input type="checkbox"/> Annual (13 mo for the price of 12—not valid on Youth, Student or financial asst) | | <input type="checkbox"/> Semi-Annual (6mo) | <input type="checkbox"/> Quarterly (3mo) |

CONDITIONS OF MEMBERSHIP

Applicant acknowledges it is the policy of the Salina Family YMCA to deny membership to any individual registered as a sex offender and screens all members and guests through a national database for

Applicant understands that if they wish to terminate their membership, it must be done by the 1st of the previous month. For example: you must cancel by December 1 if you want your draft to stop in January. If notification is not received by the appropriate time, you will be charged for the ensuing month.

Applicant understands the Salina Family YMCA does not provide any accident or health insurance for its members or participants, and further understands it is the applicant's responsibility to provide such coverage.

Applicant agrees to abide by all policies and procedures of the YMCA and understands failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of membership.

Applicant hereby grants permission for the YMCA to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

Applicant understands that a child's membership must be active during the duration of a registered program.

All membership rates are subject to change with 10 days written notice.

I understand it is my responsibility to notify the YMCA of any changes to my address, phone number, general information and bank account information (if using monthly EFT.)

I understand that if my payment is returned and goes unpaid, my account will be sent to a collection

EFT AUTHORIZATION

I authorize my bank to honor pre-authorized Electronic Funds Transfer (EFT) against my account for membership, program or contribution payments as stated. When the bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any pre-authorized EFT not be honored by my bank, then it is understood that the payment is to be made by me in the amount plus any service fees. It is further understood that if such payment is not honored by the bank, the YMCA at its discretion, may re-submit

The monthly draft will be for the amount of \$_____ beginning on 8th of _____ and will continue until I give proper notice for cancellation. I understand that this is a continuous membership with no expiration date.

SIGNATURE OF ACCOUNT HOLDER

DATE

WAIVER AND RELEASE OF LIABILITY

I am an adult over 18 years of age and wish to participate in the Salina Family YMCA. I agree and give permission to my children or legal wards so they can participate in the YMCA activities. 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 understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participate 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 take 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 or omissions by me or my children. I have read this authorization, waiver and release, understand it and am voluntarily signing it. Children under the age of 10 MUST be accompanied and supervised by a parent/adult (ages 16 & up) at all times, unless the child is in an organized program. Adults supervising the child must have a membership or buy a day pass to enter the facility, unless the child is participating in youth sports, swim lessons or gymnastics lessons.

Signature: _____ Date: _____ Staff: _____ Raptor: _____