



YMCA of West Central Florida Application for Membership

Date _____

YMCA Mission To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Primary Member: Mr. Mrs. Ms. Dr. First _____ Last _____ MI _____

Gender: M F Date of Birth ____/____/____ Email Address _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Employer _____ Work Phone _____

Preferred Method of Contact: Home Cell Work Email Would you be interested in becoming a Volunteer? Yes No

Emergency Contact Name _____ Emergency Phone No _____

Family Plus Membership may include 2 adults living in the household and dependent children 24 years of age and younger. Adults on the membership must provide identification.

First Name	Last Name	Gender	Date of Birth	Adult	Dependent Child
_____	_____	M F	____/____/____	_____	_____
_____	_____	M F	____/____/____	_____	_____
_____	_____	M F	____/____/____	_____	_____
_____	_____	M F	____/____/____	_____	_____
_____	_____	M F	____/____/____	_____	_____
_____	_____	M F	____/____/____	_____	_____

Do you wish to add the YMCA Par3 to your membership today?

Yes

No

A minimum of 14 days written notice is required to terminate or make changes.

For All Electronic Funds Transfer (Draft) Members. Type of Draft: Checking Saving Credit Card. Provide information for EFT Payment Method (Voided Check, Bank Debit or Credit Card – Visa, Master Card, and Discover.) A Convenience Fee of \$1.20 each month will be applied. **A 14-day written notice is required to cancel membership.**

YMCA Community Support Campaign: The YMCA is a charitable, nonprofit organization. When you give to the Y, you are funding life-changing programs that help children, adults and families in your community learn, grow and thrive.

Yes, I would like to have an additional \$ _____ each month drafted to support the Community Support Campaign.

By signing below I accept the Conditions of Membership and Release & Waiver of Liability and Indemnity as stated on the reverse side of this form; including Member Health, YMCA Code of Conduct, Criminal History, Property Loss, Insurance, Photograph Permission, Authorization Agreement for Electronic Funds Transfer, Annual Payment Terms, and Cancellation Policy.

Signature (s) _____ **Date** _____

Signature (s) _____ **Date** _____

(Applicant Signature (Parent/Guardian if under 18))

YMCA Financial Assistance: No qualified person is denied YMCA services due to an inability to pay established fees. Those not able to pay the full fee may receive financial assistance based on ability to pay and the YMCA's ability to fund the subsidy. Assistance is available due to the generosity of the YMCA donors.

MSR Use Only	Enrolled by
<input type="checkbox"/> Annual <input type="checkbox"/> EFT Bank (voided check attached)	
<input type="checkbox"/> EFT (card attached) <input type="checkbox"/> P/D <input type="checkbox"/> Staff/Dept: <input type="checkbox"/> Silver	
Member Number:	
Branch <input type="checkbox"/> LFY <input type="checkbox"/> FGY <input type="checkbox"/> YPar 3	
Draft <input type="checkbox"/> 1st <input type="checkbox"/> 15th Next bill Date ____/____/____	
YPar 3 Add <input type="checkbox"/> Adult <input type="checkbox"/> Family	
<input type="checkbox"/> Corporate Partner %	<input type="checkbox"/> Scholarship %
Reviewed by	

Conditions of YMCA Membership and YMCA Release & Waiver of Liability

Conditions of YMCA Membership

YMCA Mission: To put Christian Principles into practice through programs that build healthy spirit, mind and body for all.

Member Health: The applicant represents that he/she is in physically sound condition and understands that participation in exercise; weight training, recreational sports, and the use of pools and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA assumes no responsibility for any such injury or illness.

YMCA Code of Conduct: The applicant agrees to abide by all policies and procedures of the YMCA and its branches and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

Criminal History: The applicant acknowledges that it is the policy of the YMCA to deny membership to any individual accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, and that the YMCA will periodically check its membership records for criminal history.

Insurance: The applicant understands that the 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.

Photograph Permission: The applicant hereby gives 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.

Property Loss: The applicant understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

Conditions of Payment for YMCA Membership Fees

Membership Fees: Membership fees are not refundable.

Authorization Agreement for Electronic Funds Transfer: The YMCA is authorized to withdraw monthly membership payments from the specified bank account or credit card. A monthly convenience fee will be applied. The association may change the payment date or amount associated with membership by providing a 14 day written notice to members. Members may cancel this authorization with 14 days written notice and surrender of membership card(s) to the association. Should any electronic funds transfer not be honored and left outstanding, the membership will be terminated prior to the next scheduled draft date. Payment, plus a service charge, is to be made in person at the YMCA in order to reinstate any such membership. This agreement also allows the YMCA to enter a reversing entry to the member's account in the event that error occurs.

Cancellation Policy: Membership dues paid by monthly EFT draft are continuous, but can be cancelled at any time by completing a Membership Change form at the YMCA at least 14 days prior to the draft date.

YMCA Release and Waiver of Liability and Indemnity In consideration of being permitted to utilize the facilities, services, and programs of the YMCA of West Central Florida (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, I, on behalf of myself and any children, dependents or personal representatives, hereby:

1 Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended and (d) voluntarily sign this release and waiver of liability.

2 Release the YMCA, its director, officers, employees, agents, boards, and volunteers (collectively "YMCA Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releases or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.

3 Agree not to sue the YMCA Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

By signing the reverse side of this Application for Membership, I agree that this release and waiver of liability is intended to be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion thereof is held invalid, I agree that the balance shall continue in full force and effect.

Effective 6/12/15