



YMCA Wellness Center St John Arena

Membership Application

Date	MEMBERSHIP TYPE	Single Adult	Single Parent Family	FT College	Youth 12-13	OFFICE USE	EFT/CC	ANNUAL	FA	BOSS	PRD	BAC
		Married Couple	Family		Youth 14-18							

1ST ADULT

First Name	Middle	Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	
Mailing Address			City	State	Zip
Home Phone	Cell Phone	E-Mail			
Employer				Work Phone	
Emergency Contact Name (outside of household)			Emergency Contact Phone	Relationship	

2ND ADULT (MUST BE MARRIED) Verification may be required

First Name	Middle	Last Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date
Employer		Work Phone	E-Mail	

DEPENDENTS/CHILDREN (MUST BE CLAIMED ON INCOME TAX) Verification may be required

First Name	MI	Last Name	Relationship	Gender	Birth Date	Age
First Name	MI	Last Name	Relationship	Gender	Birth Date	Age
First Name	MI	Last Name	Relationship	Gender		
First Name	MI	Last Name	Relationship	Gender	Birth Date	Age
First Name	MI	Last Name	Relationship	Gender	Birth Date	Age
First Name	MI	Last Name	Relationship	Gender	Birth Date	Age

Attach voided check here.

Waiver

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and Trinity Health System and its officers, agents employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook.

I agree that my consent and this release are irrevocable. I hereby release and discharge The East Liverpool Area Family YMCA, YMCA of the USA, Trinity Health System, and third parties collaborating with the East Liverpool Area Family YMCA and/or YMCA of the USA and/or Trinity Health System from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience with the East Liverpool Area Family YMCA as described herein

Photo Release

I agree that my consent and this release are irrevocable. I hereby release and discharge The East Liverpool Area Family YMCA, YMCA of the USA, Trinity Health System and third parties collaborating with the East Liverpool Area Family YMCA and/or YMCA of the USA and/or Trinity Health System from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience with the East Liverpool Area Family YMCA as described herein.

Membership Agreement

If my membership dues are paid through Credit Card Draft or Electronic Funds Transfer, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards are the property of the YMCA and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 day notice in writing. All membership rates are subject to change with 30 days written notice. I understand that it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).

The Joiners Fee is a one-time fee (spread over 12 months) as long as you remain an active member of the YMCA. If you choose to cancel or discontinue your membership for more than 30 days, a Joiners Fee will be charged when you reapply for membership.

I acknowledge the waiver and membership agreement set forth above, and being in sympathy with the Mission Statement of the East Liverpool Area YMCA, hereby apply for membership.

****PLEASE NOTE THAT THERE WILL BE A \$30 CHARGE FOR ANY EFT or Credit Card Returns****

Signature _____

Date: ____/____/____

Note: Parent or guardian must sign if applicant is under 18 years of age.

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I understand and authorize that NSF or collection fees(\$30) will be charged to my account for any dishonored check or Electronic Funds Transfer transaction. Such Non Sufficient Funds (NSF) fees will be the maximum allowed by law, will include any applicable taxes, and will be electronically debited from my account.

I choose to utilize the EFT option for monthly payment (direct debit from my Checking Savings account)

Bank Name _____

Name on Account _____

Routing/Transit Number _____

Account Number _____

Authorized Signature: _____

Date: _____

I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card)

Credit Card Type Visa MC

Card Holder Name _____

Account Number _____

Expiration Date _____

Authorized Signature: _____

Date: _____