



MEMBERSHIP RECORD

Clerk _____

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Member Information

First Name MI Last Name Date of Birth M/F

Mailing Address City/State/Zip Member No.

()
Home Phone Cell Phone Email address check if you don't want e-mail

Additional adult (if included on the membership only) Qualification: Reside together, sharing income and expenses

First Name MI Last Name Date of Birth M/F

()
Cell Phone Email Address Member No.

Dependent (if included on membership only) Qualification: Must meet the IRS definition of a dependent ie: under age child/college student 19-24 years of age

First Name	MI	Last Name	Date of Birth	M/F	College (if app)	Member #
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Other members Qualification: Reside together (additional fees apply)

First Name	MI	Last Name	Date of Birth	M/F	Member #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Emergency Contact Information

First Name Last Name Relationship () Phone Alternate Phone

FOR OFFICE USE ONLY:

Member Services

Membership Type Issue Date Corporate Employer FS S Circle 1 only Term Date

Interests (check all that apply)

Active Older Adults	After School Care	Healthy Lifestyles	Workout Buddy
Adult Aquatics	Biddy Camp	Personal Training	Youth Away Camps
Adult Dance	Childcare/Preschool	Senior Programs	Youth Dance
Adult Fitness Classes	Day Camp	Teen Activities	Youth Sports
Adult Sports	Family Programs	Volunteer Committees/Work	Youth Swim Team/Lessons

Workout Buddies

Are you looking for a workout partner? If so, our YMCA's new Workout Buddies program is here to help get you started, and to help keep you going! The following are just some of the benefits:

- Have Fun!
- Set Realistic Goals
- Encouragement to be there
- Create a Healthy Workout Routine
- Be Accountable
- Develop Healthy Habits
- Develop Lifelong Friendships

Please check here if you think you may be interested and a staff member will contact you

Terms and Agreements

SECURITY: The Grants Pass Family YMCA hereby advises its members, guests and participants that we **review sex offender lists**, reserve the right to **do background checks** and **reserve the right to cancel any privileges** based upon said background checks and/or sex offender list reviews. The Y also **reserves the right to terminate privileges** of any guest at any time for reasons including, but not limited to: taking actions contrary to the Y's Mission, disrupting the Y's operations (ie not following facility/program rules and/or policies), clothing, logo's or body markings that could interfere with your safety or could be considered inappropriate for a "family" facility, taking drugs or alcohol, criminal activity, etc. **I/we hereby authorize the Y to use snap shots and/or videos** of myself or and/or my children in its own publications. These snapshots include but are not limited to the photos taken for security, classes, programs, special events and/or trips, etc.

Initial _____

CHILD SAFETY: The Grants Pass Family YMCA **exercises some general supervision** over the facility and conduct of patrons. However, please be advised **children 12 and under** may not be in the building without a parent or guardian before 12pm unless they are registered in a supervised program. **Children under the age of 7** must be accompanied by a parent/guardian or must be registered in a supervised program at all times. Unattended children will be instructed to wait in the lobby or be placed in a childwatch room at the parent/guardian expense. It is the responsibility of each parents/guardian to ensure their child(ren) behave in a safe, respectful and responsible manner. In addition, all children entering the Y for any reason must be checked in.

Initial _____

FINANCIAL: Those members choosing the automatic monthly payment option agree to sign the authorization on the following page. Those choosing the pre- payment option agrees to pay accordingly. Those choosing payroll deduct agree to sign the Payroll Deduction Authorization Form. In addition, towel and locker services, if retained, shall be paid in the same manner as the membership.

Initial _____

Cancellations are accepted in writing only. This membership may be cancelled at any time after 3 months with the proper notification. Cancellation of the membership must be done **by the 10th of the month if the draft is drawn on the 16th or by the 25th of the month prior if the draft I drawn on the 1st. No full or partial refunds** will be issued for non-use.

Initial _____

INDEMNITY/WAIVER & AUTHORIZATION FOR TREATMENT: In consideration of the right to participate in Grants Pass Family YMCA programs and activities for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any off site program affiliated with the Y, also including but not limited to the climbing wall and horseback riding hereby acknowledge there are not warranties applicable to the equipment provided by the Y. Any equipment I receive, rent or borrow from the Y I use voluntarily and at my own risk. In addition, I voluntarily desire to participate in such activities being fully aware of the dangers and voluntarily assume all risk of loss, damage, injury, bodily harm or death. I further agree to the following: **I agree to save and hold harmless the Grants Pass Family YMCA, it's officers, agents, representatives, executors, and all others of any and all claims for damages to person or property** including but not limited to losses, claims, costs, expenses, judgments, or injuries suffered by me or my minor child as a result of said participation. I also hereby agree to assume those risks on my behalf of myself and on behalf of my minor child(ren) and to hold harmless the Grants Pass Family YMCA.. In addition, I hereby **authorize the Grants Pass Family YMCA to secure required medical attention for myself or my minor child(ren) at my expense in the event of sickness or accident.**

Initial _____

The Grants Pass Family YMCA will be happy to "Hold" your entire membership for a \$5.00 fee per month. The membership must be placed on "Hold" for a minimum of 1 month and the membership must have a minimum of 1 month remaining on the membership.

Initial _____

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_____	Y	N	_____	Y	N
Participants name	Towel	Locker no.	Participants name	Towel	Locker no.

Continued on next page

Please visit our website at:
www.grantspassymca.org for information on various programs and activities

Payment Plan Options (choose one only)

Pre-paid Membership Automatic Monthly Payment Payroll Deduct (Corporate Members only)

Monthly Auto Pay Worksheet

Membership Fee	\$ _____	Sponsor a child in your community by donating \$1, \$2, \$5 or \$10. At this "Y" a youth membership is about \$20.00 per month and could be tax deductible	
Donation	\$ _____		
Towel Rental	\$ _____		*\$6.00 per month, per person Participant's Name _____
Swim Team	\$ _____		\$28.00 Try out required Participant's Name _____
Locker Rent	\$ _____		*\$7.50 per month, per locker Participant's Name _____ # _____
Total due each month	\$ _____		*No proration of fees for towel or locker rents

For Office Use Only:	
Draft/Credit Card Begin Date	Draft/Credit Card Amount

Automatic Credit/Debit Card Information if applicable (must have Visa or MC logo for debit cards)

Cardholder's Name (as it appears on card)	--- --- ---	Expiration
---	-----------------------	------------

Automatic Bank Draft Information if applicable

Attach Copy of Voided Check if applicable (NOT A DEPOSIT SLIP)

Financial

All **automatic drafts, whether paying by credit/debit card or bank withdrawal**, are done on the 1st or the 16th of the month depending upon your join date and will remain in effect until the Grants Pass Family YMCA receives written notification of membership/program termination or change. **You may change your automatic payment date** by paying an additional 2 weeks of membership. In addition, **applicable scholarships will also remain in effect** until written membership cancellation instructions are received at the Member Services desk and all rate increases will automatically adjust according to the scholarship rate awarded. Enrollment fees are non-refundable or transferable and will be charged again if your membership lapses for any reason.

Any changes to a membership must be made by the 10th of the month if the draft is drawn on the 16th. Changes to the draft which draws on the 1st of the month must be made by the 25th of the prior month. I understand if my payment is declined for any reason, I shall be responsible for the \$10.00 service fee. I authorized the Grants Pass Family YMCA to re-run my payment including any bank fees if my automatic payment is declined. **No full or partial refunds** will be issued for not making changes by the cutoff time or for non-use. **No exceptions will be made to the Financial Policy.**

I have read, understand and agree to the above Grants Pass Family YMCA terms and agreements as well as the payment terms set forth above including those for applicable scholarships. I further agree to obey and comply with all rules, regulations, policies, procedures, instructors and staff. I also understand all my/our personal information will be kept confidential; it will not be used, shared or sold to any third parties.

* _____
 Primary Member Signature/Payment Authorization for Automatic Monthly Payments Date

* _____
 Responsible Party's PRINTED Name
 * _____
 Responsible Party Signature if different from Primary Member Date