



Membership Record

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Primary Member Information

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Age	Date of Birth	M/F
_____			_____	_____	
Mailing Address			City/State/Zip	Member No. (office use)	
_____			_____		
()			_____		
Phone			Email address	<input type="checkbox"/> check if you don't want e-mail	

Additional adult (if included on the membership only) Must reside together, sharing income and expenses.

_____	_____	_____	_____	_____	_____
First Name	MI	Last Name	Age	Date of Birth	M/F
_____			_____		
Phone			Email Address	Member No. (office use)	
_____			_____		
()			_____		

Dependent(s) (if included on membership only) Meets the IRS definition of a dependent ie: under age child living at home or 19-24 years.

First Name	MI	Last Name	M/F	Age	Date of Birth	Member# (office use)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Additional members: Residing with primary member (additional fees apply) Must show proof of residency.

First Name	MI	Last Name	M/F	Age	Date of Birth	Member# (office use)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Emergency Contact

_____	_____	_____
Name	Relationship	Phone

For Office Use Only:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Membership Type	Main Branch	Wellness	Dual Branch	Corporate Employer

Terms and Conditions

Initial

SECURITY: The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. Cell phone use is strictly prohibited in the locker rooms and bathrooms. 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 6** 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

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, 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

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

Initial

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. In addition, **fixed scholarships will also remain in effect** until written membership cancellation instructions are received at the Member Services desk. All rate increases will automatically adjust according to the rate set by the Board of Directors. 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. **Towel and/or Locker rentals** must be paid in the same manner the membership is paid, **No exceptions will be made to the Financial Policy.**

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HOLD: The Grants Pass Family YMCA will be happy to "Hold" your entire membership for a \$10.00 fee per month. The membership must be placed on "Hold" for a minimum of 1 month and must have a minimum of 1 month remaining on the membership.

Initial

CANCELING MEMBERSHIP: Cancellations are accepted in writing only. This membership may be cancelled at any time 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 drawn on the 1st. No full or partial refunds** will be issued for non-use.

Payment Plan Options

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

Membership Fee \$ _____

Additional Member fees \$ _____ \$10.00 Ages 3-24 or \$27.50 Age 25 and over. Must show proof of residency.

Donation \$ _____ **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**

Swim Team \$ _____ \$45.00 or \$55.00 (5 day with coach approval) Try out required **Participant's Name** _____

Locker Rent \$ _____ \$7.50 per month, per locker **Participant's Name** _____ **#** _____

Towel Rental \$ _____ \$10.00 per month, per person **Participant's Name** _____

Total due each month \$ _____

IF PAYING ON AN AUTOMATIC MONTHLY BASIS: PLEASE ATTACH COPY OF VOIDED CHECK (NOT A DEPOSIT SLIP) OR **If paying with Credit/Debit Card:** please provide the following Information (must have Visa /MC/American Express/Discover logo for debit cards) **If paying with Payroll Deduct:** I authorize my employer to deduct _____ per month or **bi-weekly** and pay directly to the Grants Pass Family YMCA for membership fees. I understand the deduction will continue until I notify my employer to stop the automatic deduction and complete the Grants Pass Family YMCA Termination Notice. In addition, I understand membership fees are subject to change and my employer is hereby instructed to adjust my payroll deductions accordingly.

Cardholder's Name _____	Last 4 Digits Credit/Debit Card Number _____	Expiration _____
For Office Use Only:		
_____	_____	
Draft/Credit/Debit Card Begin Date	Draft/Credit/Debit Card Amount	

_____ Primary Member Printed Name	_____ Primary Member Signature	_____ Date
_____ Responsible Party Printed Name (if different)	_____ Responsible Party Signature (if different)	_____ Date