



FAMILY YMCA OF BLACK HAWK COUNTY MEMBERSHIP APPLICATION

PLEASE PRINT

(1) Your First Name _____ MI _____ Last _____
 Birth Date: ____/____/____ M F Cell Phone: _____ Ethnicity: _____
 Your Occupation: _____ Employer: _____

(2) Spouse First Name _____ MI _____ Last _____
 Birth Date: ____/____/____ M F Cell Phone: _____ Ethnicity: _____
 Spouse Occupation: _____ Employer: _____

Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

#	Dependent/Children's Names (First & Last)	M/F	Birth Date	Ethnicity	School/College
03			/ /		
04			/ /		
05			/ /		
06			/ /		
07			/ /		
08			/ /		

Background: *The YMCA strives to provide services to all who desire to participate. The following questions help us know the people we are serving. This information is kept confidential.*

Household Income:

- Unemployed
 \$10,001-\$13,999
 \$25,000-\$39,999
 \$55,000-\$74,999
 Under \$10,000
 \$14,000-\$24,999
 \$40,000-\$54,999
 \$75,000 or more

Please check all areas of interest:

	Self	2nd Adult	Child(ren)
Aerobics-Group Exercise	_____	_____	_____
Spinning	_____	_____	_____
Strength Training	_____	_____	_____
Sports	_____	_____	_____
Summer/Resident Camp	_____	_____	_____
Child Care	_____	_____	_____
Coaching	_____	_____	_____
Senior Programs	_____	_____	_____
Teen Activities	_____	_____	_____
Family/Social Activities	_____	_____	_____
Aquatics	_____	_____	_____
Volunteerism	_____	_____	_____
Other	_____	_____	_____

How did you hear about the YMCA?

- Internet Friend/Family
 TV Radio
 Drove By Newspaper
 Employer Walk-In
 Email School
 Yellow Pages Social Media
 Direct Mail Billboard
 Medical Referral
 Other (Specify) _____
 Member/Former Member
 Name: _____

For office use only

Name: _____ ID #: _____ Membership Type: _____

Waiver:

In accordance with the character values of caring, honesty, respect and responsibility, I/we verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category and covered individuals. I/we further agree to adhere to the rules of the Family YMCA of Black Hawk County, hereafter referred to as the YMCA. If these rules are not followed, I/we agree that the YMCA reserves the right to take necessary disciplinary action, including temporary or permanent suspension of membership and total ban from admittance to use the facility.

I/we agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me/us while on any YMCA premises, or as a result of any YMCA sponsored event. I/we further agree to indemnify and hold harmless the YMCA from any claims or demands arising out of any such claims or losses.

I understand that the YMCA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illnesses, which may result from my participation in those activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

This membership is not a contribution to the YMCA and is not tax deductible.

Signature _____ Date _____
(Parent/Guardian signature if a minor)

Please Initial Each Statement:

_____ You must present your membership ID each time you enter the YMCA facility. If you do not have your membership ID with you upon arrival you can present another form of ID that has your picture on it. The cost to reprint your membership card is \$5.00 per card.

_____ The joiner's fee is non-refundable. If your membership lapses for more than thirty (30) days, a re-activation fee must be paid upon re-joining.

_____ You understand that this is a continuous, non-transferable membership plan. Cancellation of your membership must be submitted in writing using our membership cancellation form by the 15th of the month prior to the month you wish to be cancelled. Failure to do so will result in that month's draft being non-refundable. Cancellations via fax, email, or mail are permitted; however, we will not accept cancellations over the phone for the safety of your account. All membership ID cards must be returned by the end of the month.

_____ The YMCA is not responsible for lost or stolen property. Please remember to bring a padlock to insure the safety of your personal items. Locks left overnight will be cut off and the contents of the locker will be removed and donated to charity if not claimed after 30 days.

_____ The YMCA has the right to terminate your YMCA privileges at anytime: 1) if it appears that you are taking actions that are contrary to the YMCA's Mission, 2) it appears that you are involved in criminal acts, or 3) you are acting in ways that disrupt the YMCA's operations.

_____ If your electronic payment is returned for any reason, your membership will be set to automatically terminate at the end of the month to avoid additional charges to your account. You will receive notification of your EFT and you will have until the 10th day of the next month to pay your outstanding balance before we send it to the collection agency. It is your responsibility to notify the YMCA in writing should you change your financial institution and/or account at any time.

_____ You understand that your membership category may change due to age or college enrollment status and that this change may affect the membership rate.

I have read and understand the above information and agree to abide by all policies and procedures set forth by the Family YMCA of Black Hawk County.

Signature _____ Date _____
(Parent/Guardian signature if a minor)

Payment Options

To better serve our members, the Family YMCA of Black Hawk County offers three (3) convenient payment options.

- 1) Payment in full
- 2) Monthly electronic fund transfers (preferred option)
- 3) Monthly credit card draft

EFT Authorization Form
(Preferred option)

I hereby authorize the Family YMCA of Black Hawk County to initiate electronic fund transfers from the account and the financial institution named below or to credit the same such account.

Financial Institution Name: _____

City, State: _____ Checking Savings

Routing/Transit Number: _____

Account Number: _____

Name(s) on account: _____

FOR ACCOUNT VERIFICATION PURPOSES - A VOIDED CHECK OR A LETTER FROM YOUR FINANCIAL INSTITUTION IS REQUIRED, NO EXCEPTIONS.

I/we agree to the following terms and conditions of the electronic funds transfer established by the YMCA.

- 1. I/we understand that this authorization is to remain active until I/we wish to terminate or change my/our membership in anyway.
- 2. The YMCA's Board of Directors may, at it's discretion adjust the monthly rate applicable to my/our membership category. I/we understand that I/we will receive at least four weeks notice prior to any such changes.
- 3. Should my bank draft not be honored by my financial institution for any reason, I/we realize that I am/we are still responsible for that payment. This is in addition to any service fees by the YMCA and/or my financial institution.

I authorize the YMCA to add \$_____ to my monthly membership draft as a donation to the Scholarship Fund. I understand this is a donation that will benefit area families and children in need.

Member Name: _____	Starting (Month/Year)	/ 20
Member ID No: _____		
PLEASE ATTACH COPY OF VOIDED CHECK OR LETTER FROM FINANCIAL INSTITUTION HERE		
Your bank draft withdrawal date is the <u>10th</u> of each month.		

Member Signature _____ Date _____
(Parent/Guardian signature if a minor)

Staff Signature _____ Date _____

Credit Card Draft Authorization Form

I hereby authorize the Family YMCA of Black Hawk County to initiate electronic fund entries to my: Credit Card Debit Card
indicated below and the Financial Institution named below to debit my account:

Card Type (Circle One) Visa Master Card Discover Card

Card Number _____

Expiration Date ____/____ Security Code (3-digit code on back) _____

Name (s) on signature card _____

FOR ACCOUNT VERIFICATION PURPOSES - A COPY OF YOUR CREDIT CARD IS REQUIRED, NO EXCEPTIONS.

I/we agree to the following terms and conditions of the electronic funds transfer established by the YMCA.

1. I/we understand that this authorization is to remain active until I/we wish to terminate or change my/our membership in anyway.
2. The YMCA's Board of Directors may, at it's discretion adjust the monthly rate applicable to my/our membership category. I/we understand that I/we will receive at least four weeks notice prior to any such changes.
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I authorize the YMCA to add \$_____ to my monthly membership draft as a donation to the Scholarship Fund. I understand this is a donation that will benefit area families and children in need.

Member Name: _____ Starting (Month/Year) _____ / 20

Member ID No: _____

**PLEASE ATTACH COPY OF CREDIT CARD HERE
(FRONT AND BACK)**

Your credit card draft withdrawal date is the 10th of each month.

Member Signature _____ Date _____

(Parent/Guardian signature if a minor)

Staff Signature _____ Date _____

Photo/Talent Release

The YMCA periodically takes pictures of YMCA members and persons participating in YMCA programs to use for promotional purposes and programming materials including the YMCA website and Facebook. If you do not want pictures of yourself or your family used in this way, please visit the Welcome Center Desk.

By submitting this application, I/we agree that the YMCA may photograph or videotape me/us and the YMCA may use those photographs or video footage for its marketing purposes. I/we release the YMCA from any claim or liability related to that use, waive all claims for myself/ourselves, my/our heirs and assignees against the individual YMCA staff persons and YMCA.

Signature _____ Date _____

(Parent/Guardian signature if a minor)