



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Davies County Family YMCA Membership Application

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

<b>Today's Date:</b> _____	<input type="radio"/> Family (two married people residing together with their children) <input type="radio"/> Adult (ages 22-59) <input type="radio"/> Single Parent (unmarried parent and children) <input type="radio"/> Couple (married) <input type="radio"/> Youth/Student (ages 5-18) <input type="radio"/> Senior Adult (over 60 years of age) <input type="radio"/> Senior Couple (married couple – one must be over 60 years of age) <input type="radio"/> Silver Sneakers (must have qualified supplemental insurance) <input type="radio"/> Young adult (ages 19-21) <input type="radio"/> College Student (3 summer months)
<b>FOR OFFICIAL USE ONLY</b>	
Membership Type: _____	
Payment Method: _____	
Initial Payment Amt: _____	
Discount Group: _____	
Orientation Scheduled: _____	
Staff Initials: _____	

**PRIMARY MEMBER (PLEASE PRINT):**

<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Dr. <input type="radio"/> Rev.	First Name	Middle Name	Last Name	<input type="radio"/> Jr. <input type="radio"/> Sr. <input type="radio"/> I. <input type="radio"/> II. <input type="radio"/> III. <input type="radio"/> IV.
<input type="radio"/> Male <input type="radio"/> Female	Gender:	<input type="radio"/> Married <input type="radio"/> Single	Marital Status:	Birthdate:

Mailing Address: \_\_\_\_\_

City:	State:	Zip:	Phone:	Cellular:
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E-mail Address:	Employer:	Employer Phone:
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Emergency Contact & Relationship:	Emergency Contact Phone:	Emergency Contact Cellular:
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**SPOUSE:**

<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Dr. <input type="radio"/> Rev.	First Name	Middle Name	Last Name	<input type="radio"/> Jr. <input type="radio"/> Sr. <input type="radio"/> I. <input type="radio"/> II. <input type="radio"/> III. <input type="radio"/> IV.
<input type="radio"/> Male <input type="radio"/> Female	Gender:	Birthdate:	Cellular:	

E-mail Address:	Employer:	Employer Phone:
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**CHILDREN:**

First Name	Middle Name	Last Name	Birthdate:	Gender: <input type="radio"/> Male <input type="radio"/> Female
First Name	Middle Name	Last Name	Birthdate:	Gender: <input type="radio"/> Male <input type="radio"/> Female
First Name	Middle Name	Last Name	Birthdate:	Gender: <input type="radio"/> Male <input type="radio"/> Female

**WAIVER:**

I am an adult over 18 years of age and wish to participate in the Daviess County Family YMCA (the Y) membership/program activities (including Rock Wall), and wish my children or legal wards to participate and give them permission to participate in the Y activities (including Rock Wall). As used in the Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition of being permitted to utilize the facilities, services, and programs of the Y for any purpose, including but not limited to observation or use of the facilities or equipment or participation in any off-site program affiliated with the Y, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition of participation by me or my children in Y activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the Y, its sponsors, officers, employees, volunteers, or contractors as a result of participating in Y activities or using its facilities. I further agree to indemnify the Y against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I also give the Y my consent to treatment for myself and my legal wards in the event of an injury and will not hold the Y accountable for any charges incurred. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it. I understand that the Daviess County Family YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using Y facilities, on Y premises, or involved in Y programs. I give my permission to the Daviess County Family YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's images or voice for the purposes of promotion or interpreting Y programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Electronic Funds (EFT) Authorization**

I authorize my bank to honor preauthorized Electronic Funds Transfers against my account for membership payments as indicated below. When the Bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized transfer 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.

- I choose to utilize the EFT option for my monthly payment directly from my
- Checking account or
- Savings account on the 15<sup>th</sup> of the month.

Bank Name \_\_\_\_\_ Name(s) on account \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

- I would like to make a monthly donation to the Daviess County Family YMCA to help them build healthy spirit, mind and body for all. Please add \$ \_\_\_\_\_ to my monthly membership dues.

Authorized Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**MEMBERSHIP AGREEMENT:**

If my membership dues are paid through EFT, 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 written notice @ least 30 days prior to my draft date. All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the Y of any change in address or bank account information (if utilizing bank draft for payment of dues). The Registration Fee is a one-time fee as long as you remain an active member of the Daviess County Family YMCA. If you choose to cancel or discontinue your membership for more than 60 days, another Registration Fee will be charged when you reapply for membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REPORTING FOR THE UNITED WAY (FOR FUNDING PURPOSES):**

<b>Race:</b>	<b>Household Income:</b>	<b>How did you hear about the Y?</b>	<b>Areas of Interest:</b>
<input type="radio"/> American Indian	<input type="radio"/> \$0-\$13,999	<input type="radio"/> Radio/Television	<input type="radio"/> Aerobics
<input type="radio"/> Asian	<input type="radio"/> \$14,000-\$24,999	<input type="radio"/> E-mail / Website	<input type="radio"/> Youth Sports
<input type="radio"/> African American	<input type="radio"/> \$25,000-\$39,999	<input type="radio"/> Yellow Pages / Newspaper	<input type="radio"/> Child Care
<input type="radio"/> Hispanic	<input type="radio"/> \$40,000-\$54,999	<input type="radio"/> Medical Referral	<input type="radio"/> Aquatics
<input type="radio"/> Caucasian	<input type="radio"/> \$55,000-\$74,999	<input type="radio"/> Place of Employment	<input type="radio"/> Wellness Center
<input type="radio"/> Other	<input type="radio"/> \$75,000 and over	<input type="radio"/> Other _____	<input type="radio"/> Other _____

**Why are you (and your family) joining the YMCA?**

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