

## HARRISON COUNTY YMCA

## **Membership Application**

Member#

## Harrison County YMCA Membership Application

		PRIMARY MEMBER INFO	RMATION			
	Membership Type (Circle One):	Youth Young Adult Adult Si	ngle Parent Couple Fa	mily		
		Senior (60+) Senior Couple PE	EIA Military College A	dult		
	Term/Payment Option (Circle On	e): Annual (One Payment) Month	nly Bank Draft Semi-Annu	al (One Payment)		
	First Name	MI Last Name		Suffix		
	Home Address		Apt # Marital	Status		
	City	State Zip	Date of Birth _	//		
	Email Address					
	Gender 🗌 Male 🗌 Female	Home Phone ( )	Cell Phone ( )			
<	Employer	Contact Phone (	)			
_		SECOND ADULT MEMBER INF	ORMATION			
	First Name MI Last Name Marital Status					
	Date of Birth/ Email Address					
		Home Phone ( )				
-		DEPENDENT INFORM	ATION			
	First Name M.I	Last Name (if different)	Birth Date	Gender		
			//	Male Female		
			//	Male Female		
			, ,	Male Female Male Female		
				Male Female		
-						
		EMERGENCY CONTACT INF	ORMATION			
	rst Name Las	t Name	Phone Numbe	r		

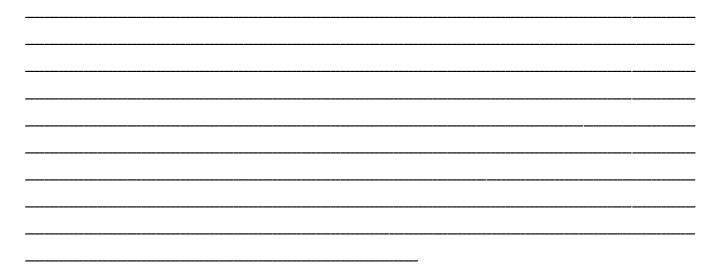
responsibility for injuries or illnesses which I (or my dependents) may sustain as a result of my physical condition or resulting from participation in any activities, sports program, and the use of any equipment or exercises. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the HARRISON COUNTY YMCA, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from my participation in these activities. I understand that HARRISON COUNTY YMCA regularly references available sex offender lists so that registered sex offenders do not have access to the YMCA facilities. I understand that the HARRISON COUNTY YMCA is not responsible for personal property lost or stolen while members and/or program participants are using Y facilities or on Y premises.

## I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

Signature of Primary Member

	EREST (Please circ Weight Training Teen Programs Child Care		HOW DID YOU HEAR RADIO EMAIL MEMBERFRIEND MAILINGDRIVE-BY FLYER EVENT	WORD OF MOUTH CORPORATE WEBSITE
		BANK DRAFT / EFT AC	TIVITY AUTHORIZATION	
Monthly Draf	t Date 1st 1	5 <sup>th</sup> Name of Card H	lolder/ Bank Name	
EFT BANK DR			CREDIT CARD DRAFT	
Checking	Account Sav	ings Account	MASTERCARD DISC	OVER VISA
Bank Routing	Number	_	Credit Card #	EXP
	Number		Address	
draft not be honor in the amount of s	ed by said bank/ credit ca aid payment plus a service	rd company when received by e fee of \$10 applied by the Y.	draft shall constitute my receipt of the payment them, it is understood that the payment is to be Bank Draft/ Electronic Fund Transfer (EFT) for r itiate its termination by submitting a 30 day wri	e made by me within 15 days membership is a continuous
draft not be honor in the amount of s plan. I understand	ed by said bank/ credit ca aid payment plus a service that membership paymen	rd company when received by a fee of \$10 applied by the Y. t will remain in effect until I ini	them, it is understood that the payment is to be Bank Draft/ Electronic Fund Transfer (EFT) for r itiate its termination by submitting a 30 day wri	e made by me within 15 days membership is a continuous
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Harrison County YMCA www.harrisoncountyymca.org