



HARRISON COUNTY YMCA
Membership Application

Member# _____

Harrison County YMCA Membership Application

PRIMARY MEMBER INFORMATION

Membership Type (Circle One): Youth Young Adult Adult Single Parent Couple Family

Senior (60+) Senior Couple PEIA Military College Adult

Term/Payment Option (Circle One): Annual (One Payment) Monthly Bank Draft Semi-Annual (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 INFORMATION

First Name _____ MI ___ Last Name _____ Marital Status _____

Date of Birth ____/____/____ Email Address _____

Gender Male Female Home Phone (____) _____ Cell Phone (____) _____

DEPENDENT INFORMATION

First Name	M.I	Last Name (if different)	Birth Date	Gender
_____	_____	_____	____/____/____	Male Female
_____	_____	_____	____/____/____	Male Female
_____	_____	_____	____/____/____	Male Female
_____	_____	_____	____/____/____	Male Female
_____	_____	_____	____/____/____	Male Female

EMERGENCY CONTACT INFORMATION

First Name _____ Last Name _____ Phone Number _____

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for use of the YMCA facilities and participation in YMCA programs, I understand that the HARRISON COUNTY YMCA assumes no 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

Date

AREAS OF INTEREST (Please circle all that apply)

Group Exercise Weight Training Youth Sports
Adult Sports Teen Programs Senior Programs
Aquatics Child Care Volunteering

HOW DID YOU HEAR ABOUT THE Y?

___ RADIO ___ EMAIL ___ WORD OF MOUTH
___ MEMBER ___ FRIEND ___ CORPORATE
___ MAILING ___ DRIVE-BY ___ WEBSITE
___ FLYER ___ EVENT ___ FACEBOOK

BANK DRAFT / EFT ACTIVITY AUTHORIZATION

Monthly Draft Date 1st 15th Name of Card Holder/ Bank Name _____

EFT BANK DRAFT

Checking Account Savings Account

Bank Routing Number _____

Bank Account Number _____

CREDIT CARD DRAFT

MASTERCARD DISCOVER VISA

Credit Card # _____ EXP _____

Address _____

TO HARRISON COUNTY YMCA (herein referred to as the Y) I have given my authority to the above named bank/credit card company to honor preauthorized drafts drawn by the Y on my account for the activity payments indicated above. It is understood that the Y's transmission of a preauthorized draft to the bank as payment becomes due and shall constitute valid notice of such payment due on the above named activity. When the bank/ credit card company honors the draft by charging my account, such draft shall constitute my receipt of the payment. **Should any preauthorized draft not be honored by said bank/ credit card company when received by them, it is understood that the payment is to be made by me within 15 days in the amount of said payment plus a service fee of \$10 applied by the Y.** Bank Draft/ Electronic Fund Transfer (EFT) for membership is a continuous plan. I understand that membership payment will remain in effect until I initiate its termination by submitting a 30 day written notice of termination.

Signature _____ Date _____

Check box if you want to:

Rent a locker for \$5/month

Renting a locker includes being able to permanently affix a lock to the locker of your choice. The \$5 a month is drafted with your membership.

Bank Draft/ EFT Membership

1. I further understand that all account information changes must be given to the Y with 30 days written notice in advance of the date I want the change to occur.
2. The HC YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership at any time. I understand that I will receive at least thirty (30) days' notice prior to any such changes.
3. A check must be presented if you are signing up and your dues will be coming out of your checking account.
4. I understand that after two unpaid drafts, the Y will immediately terminate my membership until I have brought all payments up to date.
5. I understand that all payments made as a check may be converted to an ACH transaction.

INITIAL _____

Bank Draft/ EFT Cancellation Policy

After 90 days of Bank Draft/ EFT for membership, you may appear in person to cancel the remainder of your bank draft/ EFT agreement. Cancellation requires 30 days of notice, and must be presented in writing. All fees paid for membership, including joining fees are non-refundable. If termination of your bank draft/ EFT agreement also ends your membership activity, you must complete a membership cancellation form. This can be found at the front desk.

INITIAL _____

Picture Waiver

I gave my permission to the HC YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my (or my dependent's) image or voice for purposes of promoting or interpreting Y programs.

INITIAL _____

Membership Handbook

I understand that the HC YMCA Member Handbook is available at the front desk and I agree that I and those on my membership account will follow the policies and procedures outlined in the handbook, including the Y's policies on denying membership to registered sex offenders.

INITIAL _____

I ACKNOWLEDGE THE TERMS AS STATED ABOVE

Signature of Member or Parent/ Guardian (if under 18) _____

Date _____

Notes:
