

HOPKINS COUNTY FAMILY YMCA

APPLICATION FOR MEMBERSHIP

Membership Type:

Primary Member Information

First Name: _____ MI: _____ Last Name: _____

Birthdate: _____ / _____ / _____ Gender: M F

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ - _____ Ethnicity: _____

Email: _____

Emergency Contact: _____ Phone: (____) _____ - _____

*Fitness ID Number _____

- Individual
- Single Parent Family
- Family
- Youth
- Senior Adult
- Senior Family
- Silver Sneakers/Prime*
- Silver & Fit/Active & Fit*
- Renew Active/AARP*

Additional Member Information

Name: _____ Relationship: _____ DOB ___/___/___ Gender: M F _____

Name: _____ Relationship: _____ DOB ___/___/___ Gender: M F _____

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Name: _____ Relationship: _____ DOB ___/___/___ Gender: M F _____

Name: _____ Relationship: _____ DOB ___/___/___ Gender: M F _____

Name: _____ Relationship: _____ DOB ___/___/___ Gender: M F _____

Payment Options (choose one): Annual Monthly Draft Payroll Deduction

I would like my monthly draft to be on the:

- 1st or 15th from my:
- checking account savings account
- credit card

Name of Bank Account/Card Holder

***Initial After Each Bullet**

- I understand this bank draft is continuous and will remain in effect until I terminate my membership. _____
- The Board of Directors may adjust the monthly rates at their discretion. I understand that I will receive at least 4 weeks notice prior to any such change. _____

- I understand that if I wish to terminate or change my membership in any way, I must do so in person 10 days before my draft date _____
- I understand a service fee of \$30 will be assessed if for any reason the funds are unavailable to cover the automatic payment. _____
- I understand that the YMCA bank draft is electronic and can be deducted from my account at any time on the draft date; therefore, funds must be available by midnight the date before the draft date. _____

Signature: _____ Date: _____



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

In consideration of gaining membership or being allowed to participate in the activities or programs of the Hopkins County Family YMCA and to use its facilities, equipment, exercise machines, free weights, swimming pool, sauna, or any other amenities via payment of membership or program fees, scholarship provision, or any combination thereof, I do hereby waive, release, and forever discharge the Hopkins County Family YMCA and its officers, directors, agents, employees, representatives, executives, and all others from any and all responsibilities or liability for any death, injuries or damages resulting from or out of my participation in any activities, programs, events or use of said facilities equipment or other amenities of the Hopkins County Family YMCA, including those caused by a negligent act or omission. 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. The Y also reserves the right to place a member on hold in the event that a member is formally charged with a sex crime and the member is bound over by a District Court to a Grand Jury or has been indicted by a Grand Jury. I also give consent to the Hopkins County Family YMCA to make, reproduce, edit and/or broadcast video film or footage of me or photo reproductions of me. My consent gives permission to use the materials for publications or display in promotions, advertising, and legitimate business use. There will be no compensation for this and I will not make claim for payment of any kind. I may or may not be identified in such reproductions however my name will not be used to endorse any particular product or services. I agree my consent releases the YMCA from any claims, actions, lawsuits, or demands of any kind. I acknowledge that I reviewed the Hopkins County Family YMCA Member Code of Conduct, and I understand that my membership can be canceled at anytime for not following the Code of Conduct.

By signing below, I hereby agree to the waiver and release above. I verify that all of the information I provided is accurate an that I have read and understand the above text. I also acknowledge that I have received the New Member Handbook and I understand that it is my responsibility to review and adhere to all policies listed.

Signature: _____ Date: _____ / _____ / _____

Guardian's Signature (if under age 18): _____

NEW MEMBER WELLNESS ORIENTATION

We offer a New Member Wellness orientation to answer all your questions and the Y — what we do, what we offer and let you ask as many questions as you need to. It's all about you, your family and your Y membership. To get started on your journey to a healthier you, simply complete a Wellness Orientation Form at the Welcome Center and we will schedule a time at your convenience.



INVESTMENT IN MISSION

Since 1896, the Y has been helping the Hopkins County community — one senior, one parent, one child at a time. We believe that positive, lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors. It's a fact that strong, stable, secure families form a solid foundation for the growth and success of our community. Families depend on donations from individuals and organizations. We ask you to consider making a **tax deductible** investment in our community's future.

Monthly Draft Amount (ongoing unless you notify us to stop):

\$5 \$10 \$15 \$20 Other \$ _____

Or one time gift of \$ _____ (invoice will be mailed)

Signature: _____ Date: _____