

# HOPKINS COUNTY FAMILY YMCA APPLICATION FOR MEMBERSHIP

## Primary Member Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: M F  
 Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Trivity Health ID (Silver Sneakers only) \_\_\_\_\_

## Membership Type:

- Individual
- Single Parent Family
- Family
- Youth
- Senior Adult
- Senior Family
- Silver Sneakers

## Additional Member Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Gender: M F \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Gender: M F \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Gender: M F \_\_\_\_\_  
 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 before the **10th** of the month. \_\_\_\_\_
- 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.

By signing below, I hereby agree to the waiver and release above. I verify that all of the information I provided is accurate and 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 are so glad you have decided to join our healthy community and we want to make sure that you get the most out of your membership. 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 visit during one of the following times & we will connect with a wellness coach:

Monday, 4-7:30 PM

Tuesday, 4-7 PM

Wednesday, 4-7:30 PM

Thursday, 4-7:30 PM



## 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: \_\_\_\_\_

