



SPARTA-WHITE COUNTY FAMILY YMCA

MEMBERSHIP APPLICATION

Primary Member _____ Date of Birth _____

Gender ☐ Male ☐ Female Phone Number _____ Email _____

Address _____

Additional Adults

Full Name _____ Date of Birth _____

Relationship _____ Phone Number _____

Full Name _____ Date of Birth _____

Relationship _____ Phone Number _____

Dependents

Full Name _____ Date of Birth _____

Gender ☐ Male ☐ Female

Full Name _____ Date of Birth _____

Gender ☐ Male ☐ Female

Full Name _____ Date of Birth _____

Gender ☐ Male ☐ Female

Full Name _____ Date of Birth _____

Gender ☐ Male ☐ Female

Full Name _____ Date of Birth _____

Gender ☐ Male ☐ Female

Emergency Contact _____ Phone Number _____

Payment Authorization

Withdrawal Date ☐ 1st ☐ 15th

E-Check

Void Check Required

Checking/Savings Bank Name _____

Routing Number _____

Account Number _____

Credit/Debit Card

Name on Card _____

Card Number _____

Expiration _____ CVV _____



SPARTA-WHITE COUNTY FAMILY YMCA

TERMS AND CONDITIONS

By checking below I agree to the terms and conditions

- ☐ I understand that I should consult my physician before starting any fitness/physical program.
- ☐ I agree to adhere to all policies set by the YMCA as communicated to me, as posted at the YMCA facility, written on the YMCA website or in the YMCA membership handbook. The YMCA Member Handbook can be found online at spartawhitecountyyymca.org and will be emailed to all new members. I understand that reading the YMCA member handbook is my responsibility. **I agree to adhere to all policies and codes of conduct stated within the Member Handbook** and understand that failure to do so by me or anyone on my membership could result in suspension or termination of my account.
- ☐ **I hereby authorize the YMCA to initiate the monthly credit or debit entries to the account indicated on this application. I understand this authorization is to remain in full force until I notify the YMCA otherwise.** Should my membership draft not be honored by my bank or credit card company for any reason, I understand that I am responsible for that payment plus any service charge applied by the YMCA. This is in addition to any service fee my bank may charge. I understand that I am not under contract and this is a month to month agreement; however, **the YMCA must be given a 48 hour notice to cancel my membership** and avoid being charged for my next scheduled payment. You can cancel at any time by visiting your online member account, calling, emailing, or visiting in person.
- ☐ I acknowledge that YMCA rates may change in the future. If rates are increased, a 30 day notice will be given in advance.
- ☐ I agree that the YMCA may photograph or videotape me, and the YMCA may use those photographs or video footage for marketing purposes. I release the YMCA from any claim or liabilities related to that use, and waive all claims for myself, my heirs and assignees against the individual staff persons and the YMCA.
- ☐ I agree to receive emails and/or text from the Sparta-White County Family YMCA.

WAIVER

In consideration of gaining membership and/or being allowed to participate in the activities and programs of the Sparta-White County Family YMCA ("YMCA") and to use its facilities, equipment and machinery, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, volunteers, representatives, directors and all others from responsibility for liability for injuries or damages resulting from participation in such activities or programs or my use of such facilities, equipment or machinery, whether such damage or injury results from a negligent act or omission, excluding any intentional conduct or gross negligence.

Signature

Date

Print Name