



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Sparta-White County Family YMCA

## Membership Application

**YMCA ID:**

### PRIMARY MEMBER

First Name:	Middle Name:	Last Name:	Birthdate:	Gender:
Home Address:		City:	State:	Zipcode:
Primary Phone:	Additional Phone:	Email:		
Employer:		Race:		

### ADDITIONAL ADULTS

First Name:	Middle Name:	Last Name:	Birthdate:	Gender:
Primary Phone:	Additional Phone:	Email:		
Employer:		Race:		

First Name:	Middle Name:	Last Name:	Birthdate:	Gender:
Primary Phone:	Additional Phone:	Email:		
Employer:		Race:		

### DEPENDENTS

First Name:	Middle Initial:	Last Name:	Birthdate:	Gender:	Race:
First Name:	Middle Initial:	Last Name:	Birthdate:	Gender:	Race:
First Name:	Middle Initial:	Last Name:	Birthdate:	Gender:	Race:
First Name:	Middle Initial:	Last Name:	Birthdate:	Gender:	Race:
First Name:	Middle Initial:	Last Name:	Birthdate:	Gender:	Race:

### EMERGENCY CONTACT

Emergency Contact Name:	Primary Phone	Additional Phone:
-------------------------	---------------	-------------------

## PAYMENT AUTHORIZATION

Date of Withdrawal:	<b>Checking/Savings Account:</b>	<b>Credit/Debit Card:</b>
1st <input type="checkbox"/>	Name on Account:	Name on Card:
	Banking Routing Number:	Card Number:
15th <input type="checkbox"/>	Account Number:	Expiration Date:

## WAIVER

- In consideration of gaining membership and/or being allowed to participate in the activities and programs of the YMCA and to use its facilities, agents, employees, volunteers, representatives, directors, and all others from any and all responsibility or liability for injuries or damages resulting from my participation in such activities or programs or my use of such facilities, equipment, or machinery, even if such damage or injury results from a negligent act or omission.
- 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/member-handbook](http://spartawhitecountyyymca.org/member-handbook) and will also 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.**
- By signing below, I hereby authorize the YMCA to initiate the monthly credit or debit entries to the account indicated above. 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 a 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 make any changes to my membership, including stopping payment or cancellation.
- By submitting this application, 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.
- Whether signing on behalf of an dependent or for myself, I confirm that I am 18 years of age or older and can verify my age at with proper documentation.

Applicant Signature (or guardian signature if under 18)

Date

## OFFICE USE ONLY

Membership Type:		Open Doors	Payment Details
Youth (Under 18) <input type="checkbox"/>	Class Pass <input type="checkbox"/>	Monthly Rate:	Joining Fee:
Adult (18-54) <input type="checkbox"/>	Walking <input type="checkbox"/>	Percent Group:	Pro-rate:
Couple (2 adults 18-54) <input type="checkbox"/>	Walking Couple <input type="checkbox"/>	Authorized by:	Other:
Family (2 adults & 3 dependant children) <input type="checkbox"/>	Silver & Fit <input type="checkbox"/>		Discount Group:
Family +1 <input type="checkbox"/>	Renew Active <input type="checkbox"/>		<b>TOTAL</b>
Family +2 <input type="checkbox"/>		<b>Membership Term:</b>	
Senior (55+) <input type="checkbox"/>		Monthly Draft <input type="checkbox"/>	Annual Invoice <input type="checkbox"/>
Senior Couple (55+) <input type="checkbox"/>		Quarterly Draft <input type="checkbox"/>	Other:

Staff Signature:

Date: