



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:
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## PAYMENT AUTHORIZATION

Date of Withdrawal:  1st <input type="checkbox"/>	<b>Checking/Savings Account:</b> Name on Account:	<b>Credit/Debit Card:</b> 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.
- If I am signing up for electronic payment, I hereby authorize the YMCA to initiate the monthly credit or debit entries to my account indicated above. I understand this authorization is to remain in full force until I have completed a Change or Cancellation Form. 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 \$5.00 service charge applied by the YMCA. This is in addition to any service fee my bank may charge.
- I understand that the YMCA must be notified to make any changes to my membership, including stopping my bank draft. I understand that the YMCA requires a 48 hour notice to stop my bank draft. I understand that any charges generated within the 48 hour notice period will not be refunded. I also understand that if I choose to rejoin after cancellation, I will be charged an additional joining fee.
- I understand that the YMCA will annually review its pricing structure, which may result in an increase of my monthly or annual membership fees. I understand that I will receive notice at least four weeks prior to any such change.
- I understand that **no refunds**, full or partial, will be given for any reason.
- I understand that if I request a new membership scan card, I will be asked to pay a fee for replacement.
- I agree to adhere to all policies set by the YMCA as communicated to me, as posted at the YMCA facility, or as written on the YMCA website or in a membership handbook. In the event that I or any family members fail to adhere to the policies set by the YMCA I understand that my membership may be subject to suspension or termination.
- 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.
- To enhance the safety of the members, guests, and staff in our facilities, the YMCA monitors the sexual offender registry. Persons on the registry will not be eligible for membership, guest access, or program participation with the Sparta-White County Family YMCA.

Applicant signature (or guardian if applicant is 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 (18-59) <input type="checkbox"/>	Walking <input type="checkbox"/>	Percent Group:	Pro-rate:
Couple (2 adults 18-59) <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 (60+) <input type="checkbox"/>		Monthly Draft <input type="checkbox"/>	Annual Invoice <input type="checkbox"/>
Senior Couple (60+) <input type="checkbox"/>		Quarterly Draft <input type="checkbox"/>	Other:
Staff Signature:		Date:	