



YMCA OF THE TWIN TIERS
MEMBERSHIP DATA FORM

TYPE OF MEMBERSHIP

- ADULT YOUNG ADULT ADULT COUPLE
 FAMILY SINGLE PARENT FAMILY STUDENT
 SENIOR SENIOR COUPLE OTHER

MEMBER #

PRIMARY MEMBER	TITLE	FIRST NAME	MI	LAST NAME	SUFFIX
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BIRTHDATE / /	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PREFERRED METHOD OF CONTACT <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL	RETURNING Y MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERRED BY
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HOME ADDRESS LINE 1

HOME ADDRESS LINE 2

CITY	STATE	ZIP
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PREFERRED PHONE () -	OTHER PHONE () -	EMAIL ADDRESS
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EMPLOYER	CORPORATE PARTNER <input type="checkbox"/> YES <input type="checkbox"/> NO	VERIFIED (for Y use) <input type="checkbox"/> YES <input type="checkbox"/> NO BY:
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EMERGENCY CONTACT (FIRST & LAST NAME)	EMERGENCY PHONE () -
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RELATION TO PRIMARY MEMBER: SELF SPOUSE PARENT FRIEND OTHER

SECOND ADULT	TITLE	FIRST NAME	MI	LAST NAME	SUFFIX
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GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE / /	EMPLOYER	CORP. PARTNER <input type="checkbox"/> YES <input type="checkbox"/> NO	VERIFIED (for Y use) <input type="checkbox"/> YES <input type="checkbox"/> NO BY:
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RELATION TO PRIMARY MEMBER: SELF SPOUSE PARENT FRIEND OTHER

CHILDREN	FIRST	MI	LAST	GENDER	BIRTHDATE
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HOW DID YOU HEAR ABOUT THE YMCA? Please check all that apply:

<input type="checkbox"/> MEMBER	<input type="checkbox"/> EMPLOYER	<input type="checkbox"/> RADIO	<input type="checkbox"/> BROCHURE	<input type="checkbox"/> YMCA
<input type="checkbox"/> FORMER MEMBER	<input type="checkbox"/> PHYSICIAN	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> BANNER	<input type="checkbox"/> DRIVE BY – LIVE IN AREA
<input type="checkbox"/> FRIEND/FAMILY	<input type="checkbox"/> AGENCY REFERRAL	<input type="checkbox"/> EMAIL	<input type="checkbox"/> FACEBOOK	<input type="checkbox"/> OTHER

INTERESTS INCLUDE	AQUATICS:	HEALTH & WELLNESS:	YOUTH PROGRAMMING:	SPORTS :
	<input type="checkbox"/> SWIM LESSONS	<input type="checkbox"/> PERSONAL TRAINING	<input type="checkbox"/> EARLY LEARNING	<input type="checkbox"/> YOUTH
	<input type="checkbox"/> REHAB	<input type="checkbox"/> GROUP EXERCISE	<input type="checkbox"/> SCHOOL-AGE	<input type="checkbox"/> ADULT
	<input type="checkbox"/> WATER EXERCISE	<input type="checkbox"/> REHAB	<input type="checkbox"/> TEENS	<input type="checkbox"/> GYMNASTICS
	<input type="checkbox"/> LIFEGUARD/CPR TRAINING	<input type="checkbox"/> WEIGHT LOSS	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SWIM TEAM
	OTHER:	<input type="checkbox"/> RACQUETBALL	<input type="checkbox"/> SUMMER CAMP	<input type="checkbox"/> DANCE
	<input type="checkbox"/> VOLUNTEERISM			

ACCEPTANCE I agree to abide by the rules and regulations of YMCA of the Twin Tiers that are designed for the enjoyment of all members. I understand that participation in Y membership and programs is a privilege and the Y reserves the right to revoke these privileges as necessary. I understand my photo may be used for Y communications pieces. **I understand I am required to give 30 days' notice to terminate my membership.**

SIGNATURE OF PARTICIPANT/MEMBER/OR LEGAL GUARDIAN

DATE

OFFICE USE ONLY

NEW MEMBER CHECKLIST	<input type="checkbox"/> SO CHECK	<input type="checkbox"/> TOUR OFFERED	<input type="checkbox"/> POSTCARD SENT
	<input type="checkbox"/> PHOTO TAKEN	<input type="checkbox"/> MEMBER PACKET GIVEN	<input type="checkbox"/> DATA CHECK BY: _____
	<input type="checkbox"/> SCAN CARD ISSUED	<input type="checkbox"/> WELLNESS CTR APPT	<input type="checkbox"/> BILLING METHOD VERIFIED BY: _____

YMCA of the Twin Tiers



OUR MISSION

We build strong kids, strong families, strong communities

OUR VISION

The YMCA of the Twin Tiers provides opportunities to all by putting Christian values into practice through programs that build healthy spirit, mind and body for all. The Y embraces diversity and promotes community development.

MEMBERSHIP AGREEMENT

Instructions: Please complete the following according to your membership category.

Member/Program Member: Read and sign this document.

In consideration of being allowed to participate in any way, at any location, of the YMCA of the Twin Tiers membership, program, and related events and activities, the undersigned:

1. Agrees to inspect the facilities and equipment to be used at any location, and if the participant believes anything is unsafe, he/she will immediately advise the appropriate Y staff.
2. Agrees to complete the PAR-Q & You Questionnaire, and, if answered yes to one or more of questions 1-7, agrees to consult with a physician prior to beginning an exercise program.
3. Agrees to monitor personal condition throughout participation in an exercise program, and should any unusual symptoms occur, participant will cease participation and inform Y staff of the symptoms.
4. Agrees to follow the instructions of Y Staff and published codes.
5. Agrees to read and adhere to the policies and procedures of the YMCA of the Twin Tiers including those written in the Member Handbooks of each facility.

I wish to be a member of the YMCA of the Twin Tiers. I have no medical condition which would prevent me from participating in activities of the Y except _____.

GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS

I personally assume all risks and hazards attendant to the use of the facilities, use of the equipment, or participation in program events at any location. In consideration of my membership, I hereby release, absolve, indemnify and hold harmless the YMCA of the Twin Tiers, its staff, employees, volunteers, supervisors, instructors and any other representative, together with their agents, representatives or assigns (collectively the "Released Parties").

I hereby waive all claims against the Released Parties for any injury, including death, any loss due to theft of or damage to my personal property, or for any other consequential or incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or ever slight care. I agree to hold harmless the Released Parties from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from the above.

I have read this general liability release and waiver of claims. I understand the terms of this document, understand that I am waiving my rights to any claims against the released parties, and sign it freely and voluntarily.

	Member Name	Member Signature (or parent if under 18)	Date
Primary			
Second Adult			
Child			
Child			
Child			
Child			
Child			

WHEN YOU JOIN THE Y, YOU JOIN A COMMUNITY ORGANIZATION THAT OFFERS MORE HEALTH, MORE HOPE, MORE OPPORTUNITY



YMCA OF THE TWIN TIERS

Bank Draft / Credit Card Agreement

(Please initial each)

- The Bank Draft and Credit Card Payment Plan are **continuous** membership plans. I understand that this membership is not for 12 months, but will remain in effect unless terminated.
- It is my complete understanding that if I wish to terminate or change my membership in any way, **I must give the YMCA a 30-day written notice** prior to such change.
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least a 30 day written notice prior to any such changes.
- **I understand that I am responsible for any payment plus any service charge, applied by the YMCA, if my membership debit is not honored by my bank account or credit card. This is in addition to any service fee my bank may apply.**
- Membership cards remain the property of the YMCA and must be surrendered upon request of the YMCA.
- I understand that if I change this account on-line, I am authorizing the YMCA to draft from the new account.
- If paying the Facility Improvement Fee in installments, I understand I am responsible for payment of the entire amount even if membership is terminated prior to payment in full.
- **IF ON THE SCHOLARSHIP PROGRAM, I UNDERSTAND THAT THIS IS A CONTINUOUS MEMBERSHIP AND THAT MY APPROVED SCHOLARSHIP RATE WILL AUTOMATICALLY CHANGE TO AND DRAFT AT THE REGULAR MEMBERSHIP RATE BEGINNING THE FIRST MONTH AFTER THE EXPIRATION DATE, UNLESS RENEWAL PAPERWORK IS SUBMITTED BY ME AND APPROVED PRIOR TO THAT TIME. I understand it is my responsibility to submit completed scholarship renewal paperwork no later than two (2) weeks prior to my scholarship expiration date.**

I have read and understand the Bank Draft/Credit Card Agreement as listed above:

X _____
Signature

Date

BANK DRAFT / CREDIT CARD INFORMATION

YMCA OF THE TWIN TIERS Pre-Authorized Debit Authorization

LAST NAME	FIRST NAME	M.I.	Withdrawal Date (Circle one): 1 st 15 th	
ADDRESS			Bank Transit No.: (attach voided check)	Checking Account No.
CITY	STATE	ZIP		
Bank Name and Address:			Credit Card Number:	
			Expiration Date:	
<i>I hereby authorize the YMCA of the Twin Tiers to debit my account indicated above, on the withdrawal date and for the amount indicated to the right.</i> X _____ Signature Date			Monthly Mbrshp Payment:	\$ _____
			Other payment:	\$ _____
			Total monthly payment:	\$ _____