

Franklin County Family YMCA  
**Membership  
 Application**

Last Updated 12/06/07 ch

**FOR STAFF:** Processed by \_\_\_\_\_ on \_\_\_\_\_  Legible  Initialed  All signed  Bank Draft form  Payroll form

Youth (1)  Young Adult (3)  Adult (4)  Family of 2 (6)  Family of 3+ (7) YW # \_\_\_\_\_

Annual (1)  Semi-Annual (4)  Bank Draft (0)  Payroll (3)  Monthly (2) For Youth and Young Adults

Reminder: If paying by Bank Draft or Payroll deduct, the first month payment **MUST** be paid now.

\$ \_\_\_\_\_ Joiner Fee \$ \_\_\_\_\_ Membership \$ \_\_\_\_\_ Locker (8/9) \$ \_\_\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_ TTL Recd

Cash  Ck # \_\_\_\_\_ Mbr Code # \_\_\_\_\_ Received by \_\_\_\_\_ on \_\_\_\_\_ Mbr cards printed

Notes \_\_\_\_\_

**PRINT OR TYPE here the name of primary member:**

Male  Female

\_\_\_\_\_  
 Last Name (Apellido) First Name (Primer Nombre) Middle Name (Zolo Nombre) Date of Birth (Fecha De Nacimiento) Age

\_\_\_\_\_  
 Address (Direccion) GOES BY Name (Nombre Preferible) Home Phone # (Telefono De Casa)

\_\_\_\_\_  
 City (Ciudad) State (Estado) Zip Code (Codigo Postal) Work Phone # (Telefono De Trabajo)

<b>Type of Membership</b> <input type="checkbox"/> Youth <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult Individual <input type="checkbox"/> Family of 2 <input type="checkbox"/> Family 3 or more <input type="checkbox"/> Non-Member	<b>Title</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single	_____ Primary Employer / School Attending (Empleado/Atendiendo Escuela) Position / Grade Level (Posicion)
			_____ Emergency contact of someone not in your household (Contacto De Emergencia) Phone # (Numero De Telefono)

In accordance with national YMCA guidelines, Family members must be claimed dependents on your current income tax return to qualify to be on your family membership. If you are desiring a family membership, please list below the dependents in your household with your spouse first. All requested information must be completed in order for membership cards to be issued.

_____ Spouse Last Name (Esposa Apellido) Spouse First Name (Esposa Primer Nombre) Spouse Middle Name (Esposa Zolo Nombre)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Title</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
_____ Spouse GOES BY Name (Esposa Nombre Preferible) Spouse Employer (Esposa Empleado) Position (Esposa Posicion)	_____ Date of Birth (Fecha De Nacimiento) Age	
_____ Work Phone # (Telefono De Trabajo)		

_____ Dependent Child Last Name (Dependiente - Apellido) First Name (Dependiente Primer Nombre) Middle Initial GOES BY Name (Nombre Preferible)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Name of school attending (Nombre De Escuela) Current Grade (Grado)	_____ Date of Birth (Fecha De Nacimiento) Age

_____ Dependent Child Last Name (Dependiente - Apellido) First Name (Dependiente Primer Nombre) Middle Initial GOES BY Name (Nombre Preferible)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Name of school attending (Nombre De Escuela) Current Grade (Grado)	_____ Date of Birth (Fecha De Nacimiento) Age

_____ Dependent Child Last Name (Dependiente - Apellido) First Name (Dependiente Primer Nombre) Middle Initial GOES BY Name (Nombre Preferible)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Name of school attending (Nombre De Escuela) Current Grade (Grado)	_____ Date of Birth (Fecha De Nacimiento) Age

_____ Dependent Child Last Name (Dependiente - Apellido) First Name (Dependiente Primer Nombre) Middle Initial GOES BY Name (Nombre Preferible)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Name of school attending (Nombre De Escuela) Current Grade (Grado)	_____ Date of Birth (Fecha De Nacimiento) Age

**Franklin County Family YMCA**  
**MEMBERSHIP AGREEMENT**

***Please read agreement thoroughly, initial items 1–6, sign and date.***

1. **I understand that participating in any type of exercise involves a risk of injury and that I am (and my family members are) voluntarily participating in these activities with knowledge of the dangers involved.** I acknowledge that the YMCA recommends that I (and my family) have our physician's approval for participation in any exercise or fitness activity or in the use of exercise equipment. I also understand that the YMCA strongly recommends (and requires for youth ages 13-17) scheduling an appointment with a YMCA Fitness Advisor for proper orientation on all fitness equipment and that the YMCA is not responsible for any member who fails to take advantage of this service. In consideration of my (and my family members) being allowed to participate in Franklin County Family YMCA membership and intending to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, or assigns may have against the Franklin County Family YMCA, all sites where FCFY program are held, their respective officers, directors, agents, employees, representatives, successors, assigns, and affiliates for death, injury, loss, and any and all damages that I may sustain and/or suffer in connection with my participation in this program. I also agree to indemnify the Franklin County Family YMCA for any defense, cost, or expense arising out of any claim of damages, injury, or death arising from my participation in this program. I am physically fit, legally competent, and freely participate in this activity at my own risk.

Please initial \_\_\_\_\_
2. **All current rules and policies (which will be subject to periodic review and change) will be posted in the facility with copies available at the Front Desk.** I understand that I (and my family) must abide by all Franklin County Family YMCA rules and policies and YMCA principles and practices. Failure to do so may result in the suspension or revocation of membership.

Please initial \_\_\_\_\_
3. **I understand that there are no refunds of membership dues or joiner fees.** This membership is non-transferable. Loan of membership cards will result in loss of all privileges.

Please initial \_\_\_\_\_
4. The YMCA Board of Directors may, at their discretion, adjust the rate applicable to my category of membership. I understand that notice of any change will be mailed to my address of record at least four weeks prior to change.

Please initial \_\_\_\_\_
5. **JOINER FEE:** The Joiner Fee is a one-time fee contingent upon maintaining current membership. I understand that if I cancel my membership or if my membership payment is delinquent beyond 30 days, I will be required to pay the current Joiner Fee to re-activate my membership.

Please initial \_\_\_\_\_
6. **I understand that membership fees must be paid when due and that I (and my family members) will not be able to use the facility at any time that my fees are not current. I also understand that I (and my family members) MUST present our membership card upon each visit. Please indicate which payment option you plan to utilize.**

Please initial \_\_\_\_\_

**SEMI-ANNUAL OR ANNUAL**

Memberships paid in advance for 6 months or 12 months are invoiced for renewal approximately 30 days prior to and are payable on the anniversary date. If I allow my membership to terminate for more than 30 days beyond my anniversary date and I decide to rejoin later, I will be considered a new member and will be subject to paying the current Joiner Fee in addition to monthly dues.

**MONTHLY BANK DRAFT (Must attach a completed Monthly Bank Draft Authorization form.)**

Membership payments by monthly bank draft require the first month membership fee be paid up front when this membership application is completed. I understand that membership dues paid by monthly bank draft are continuous but can be cancelled with 30 days advance written notice and the surrender of all membership cards. If I decide to rejoin later, I will be considered a new member and will be subject to paying the current Joiner Fee in addition to monthly dues. If I cancel without notice or close my bank account, I understand that I am responsible for my fees plus any penalties which may apply.

**PAYROLL DEDUCT (Must attach a completed Payroll Deduction Authorization form.)**

The YMCA has obtained agreements with some employers to provide a payroll deduction option for YMCA membership fees. Please refer to the Payroll Deduction Authorization form for participating employers. Membership payments by payroll deduction require the first month membership fee be paid up front when this membership application is completed. I understand that membership dues paid by payroll deduction are continuous but can be canceled with 30 days advance written notice and the surrender of all membership cards. If I decide to rejoin later, I will be considered a new member and will be subject to paying the current Joiner Fee in addition to monthly dues. If I cancel without notice or am no longer employed with payroll deduct employer, I understand that I am responsible for my fees plus any penalties which may apply.

**MONTHLY CASH OR CHECK (This option is only available only for Youth and Young Adults through age 23.)**

Generally, YMCAs do not offer a monthly cash or check payment option because of the costly process of monthly billing. However, the Franklin County Family YMCA is offering this option to youth and young adults through age 23 with the understanding that the YMCA will not render monthly bills, and monthly payment MUST be paid by the first of each month.

In signing this membership agreement form, I affirm that I have completed the Membership Application on the back of this sheet truthfully and that I have read, understand, and agree to comply with all YMCA policies and each of the above terms of membership.

If participant is under 18, signature below must be by individual who is legally responsible for the child. By signing this I am acknowledging that I am legally responsible for this child.

\_\_\_\_\_  
**Signature of person responsible for payments**  
(Legal guardian must sign for Youth Membership)

\_\_\_\_\_  
**Date**