



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP APPLICATION



Full Name:	MI:	
Date of Birth:		
Gender:	MALE	FEMALE
Street Address:		
City, State, Zip Code:		
Best Contact Number:	()	
E-Mail:		

Emergency Contact Information

Name:	Best Contact Number: ()
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Secondary Adult Information

Full Name:	Email:
Best Contact Number: ()	DOB:

Dependents

First Name:	MI:	Last Name:	Gender:	DOB:
First Name:	MI:	Last Name:	Gender:	DOB:
First Name:	MI:	Last Name:	Gender:	DOB:
First Name:	MI:	Last Name:	Gender:	DOB:
First Name:	MI:	Last Name:	Gender:	DOB:

MEMBERSHIP TYPE:
(Please Circle)

YOUTH

COLLEGE

INDIVIDUAL

FAMILY 2

FAMILY 3+

HIGH FIVE THE Y- ADD A MONTHLY DONATION

Join us as we continue our mission of fostering healthy living, youth development, and social responsibility. Together, we can make a positive difference in the lives of individuals and families, creating a stronger, more connected community for all! You can help by adding a monthly pledge donation to your membership.

- ☐ Please add \$5 to my monthly fee
☐ Please add \$_____ to my monthly fee

OFFICE USE:

STAFF NAME: _____ DATE: _____

MEMBERSHIP AGREEMENT

Please read agreement thoroughly, initial items 1–4, 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 programs 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. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

Please Initial _____

2. All current rules and policies (which will be subject to periodic review and change) will be posted in the facility. 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. Further I understand the Franklin County Family YMCA has the right to suspend, terminate or void any membership at their discretion. The Franklin County Family YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse; is a registered sex offender; habitually or excessively uses narcotics or dangerous drugs; has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/ or dangerous drugs; or continuously or excessively uses intoxicating beverages; or engages in any illegal activity. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Please Initial _____

3. 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 posted at the facility and emailed four weeks prior to change.

Please Initial _____

4. 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. I further understand and comply with all payment policies for each payment option below. I understand that there are no refunds of membership dues or joining fees. This membership is non-transferable. Loan of membership cards will result in loss of all privileges.

ANNUAL/SEMI-ANNUAL

Memberships paid in full at sign up. Non-refundable if terminated early.

MONTHLY DRAFT (Must attach a completed Monthly Bank Debit Authorization form.)

Membership payments by monthly bank debit 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 debit are continuous but can be cancelled with 30 days advance written notice given to the front desk and the surrender of all membership cards. 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. If my membership debit should not be honored for any reason I am responsible for all applicable service fees from the Franklin County Family YMCA. If payment is returned, there is a \$35 return fee.

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
(Primary member must sign for Youth Membership)

Date