



YMCA of Greater Cincinnati Membership Application

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|--------|-------------------|---------------------|
| Branch | Membership Number | Date of Application |
|--------|-------------------|---------------------|

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|--|--|------------|-------------|-----------|-----|
| P R I M A R Y | Title | First Name | MI | Last Name | |
| | Nickname | | Birthdate | Gender | |
| | Home Address | | City | State | Zip |
| | Home Phone | | Home E-mail | | |
| | Emergency Contact: (other than your household) | | | | |
| Name | | Phone | | | |

COMPLETE BELOW ONLY FOR FAMILY MEMBERSHIPS

| | | | | |
|--|-------------|----|-----------|--------|
| S E C O N D | First Name | MI | Last Name | |
| | Nickname | | Birthdate | Gender |
| | Home E-mail | | | |

DEPENDENTS

| | First Name | MI | Last Name (if different) | Birthdate | Gender | Relationship |
|--|------------|----|--------------------------|-----------|--------|--------------|
| D E P E N D E N T S | | | | | | |
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OFFICE USE ONLY

| | | |
|---|--|--|
| Initial Payment: Visa MasterCard American Express Check Cash | Method of Payment: Bank Draft Annual | Membership Type: _____ Joiner's Fee Paid: _____ Membership Payment: _____ Total Paid: _____ |
| 1st Bank Draft Date: _____ | | Enrolled by: _____ |
| Referral Name: _____ | Phone Number: _____ | |

YMCA OF GREATER CINCINNATI MISSION STATEMENT

The YMCA's mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

WAIVER

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise, or any other activity at the YMCA. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illness, which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, death, loss, or damage, which I may suffer as a result of my participation in these activities.

I understand that the YMCA of Greater Cincinnati is not responsible for personal property lost or stolen while using YMCA facilities or while on YMCA premises.

I give my permission to the YMCA of Greater Cincinnati to use photographs, film footage, audio, or video tape recordings, which may include my image or voice for purposes of promoting and interpreting YMCA programs and services to the general public.

I will adhere to the YMCA Code of Conduct. I understand that the YMCA of Greater Cincinnati will hold me accountable to the Code of Conduct, and may restrict my access to the YMCA upon breach of the code.

ACCEPTANCE

I acknowledge the Waiver set forth above and, being in sympathy with the mission statement of the YMCA, hereby accept the policies and procedures of the YMCA of Greater Cincinnati.

X

SIGNATURE OF PARTICIPANT or PARENT OR
GUARDIAN (if participant is under 18 years of age)

DATE

BANK/CREDIT CARD DRAFT AUTHORIZATION

I authorize my bank/credit card company to honor pre-authorized drafts drawn by the YMCA on my account for membership and program payments and/or contributions. It is understood that my bank draft membership will be continuous until written notification has been received by the YMCA. Initials _____

If at any time there is to be a change, deletion, or cancellation of my membership, it is to be submitted in writing to the branch YMCA where the membership was purchased, along with membership card(s), ten (10) days prior to my scheduled, monthly draft date. Failure to do so will result in that month's draft being non-refundable. Initials _____

When my Bank/Credit Card company honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment plus a service charge. Initials _____

Rates are subject to change with a 30-day notice to members. Initials _____

All memberships cancelled over 90 days will be charged a joining fee upon reinstatement. Initials _____

Checking/Savings Account Information (a voided check or deposit slip is required):

Bank Name

Route/Transaction Number

Account Number

Name on Account

Bank/Credit Card Draft Date: 1st of Month 16th of Month

Credit Card Information:

Credit Card Number

_____/_____
Exp. Date

Credit Card Issuer (Bank Name)

Type of Credit Card: Visa Master Card American Express

X

SIGNATURE

DATE

\$ _____
MONTHLY RATE