

MEMBERSHIP APPLICATION

PRIMARY MEMBER

First Name _____ Middle _____ Last Name _____

Birth Date ____/____/____ Gender Male Female

Ethnic/Racial Background Unspecified Native American Alaskan Native African American
 Asian/Pacific Islander Caucasian Hispanic Other

HealthWays ID/Silver&Fit ID (If applicable) _____

Home Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Is this your cell number? Yes No

Would you like to receive text message updates? Yes No Secondary Phone _____

Email Address _____

Employer _____

Emergency Contact _____ Emergency Contact Phone _____

Medical Concerns _____

Doctor's Name _____ Doctor's Phone _____

HOW DID YOU HEAR ABOUT THE Y?

- Radio TV Former Member
- Billboard Drive by Medical
- Direct Mail Email YMCA Website
- Newspaper Magazine Friend/Family
- Employer Member Online

I WOULD BE INTERESTED IN VOLUNTEERING IN:

- Fundraising Child Care Board Members
- Administrative Facility Projects Youth Sports Coach
- Greeter Swim Lessons Mentor/Tutor
- Special Events None Other: _____

RELEASE AND WAIVER OF LIABILITY

WHO CAN WE THANK FOR REFERRING YOU?

Name _____

Phone _____

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 assume the risk of any and all 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 any personal property lost or stolen while using the 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 the purpose 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 of the YMCA, hereby accept the policies and procedures of the YMCA of Greater Cincinnati.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Last Name

First Name

Member Number

SECOND ADULT

First Name _____ Middle _____ Last Name _____

Birth Date ____/____/____ Gender Male Female

Ethnic/Racial Background: Unspecified Native American Alaskan Native African American
 Asian/Pacific Islander Caucasian Hispanic Other

Relationship to primary member: Spouse Son Daughter Parent Dependant Friend Other

Primary Phone _____ Is this your cell number? Yes No

Would you like to receive text message updates? Yes No Secondary Phone _____

Email Address _____

Employer _____

Emergency Contact _____ Emergency Contact Phone _____

Medical Concerns _____

Doctor's Name _____ Doctor's Phone _____

FAMILY MEMBERS Include information on lines 1-4

Complete the below information for family/household, one adult family/household, military/veteran family, and senior family. **Additional members must be under the age of 24.** Additional adults living in the **same household over the age of 24** can be added for an additional \$20 per month.

Name (Last, if Different)	Birth Date	Gender	Race	Relationship to Primary Member
1.		<input type="checkbox"/> M <input type="checkbox"/> F		
2.		<input type="checkbox"/> M <input type="checkbox"/> F		
3.		<input type="checkbox"/> M <input type="checkbox"/> F		
4.		<input type="checkbox"/> M <input type="checkbox"/> F		

MONTHLY DRAFT AUTHORIZATION

INITIALS

I authorize my bank 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 Y.

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 YMCA of Greater Cincinnati, ten days prior to my scheduled, monthly draft date. Failure to do so will result in that month's draft being non-refundable.

When the bank 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.

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

All memberships cancelled will be charged an activation fee upon rejoining.

Account Type: Visa MasterCard American Express Savings Account Checking Account

Last four digits of credit card or bank account: _____ Draft Date: 1st 16th Credit Card Exp. Date _____

\$

Signature _____

Date _____

Monthly Dues _____

FOR OFFICE USE ONLY: Membership Type: _____ Enrolled by: _____