



MEMBERSHIP APPLICATION

Date _____

ID # _____

CONTACT INFORMATION

Your Name _____ Date of Birth _____

Address Street _____ Apt _____

City _____ State _____ Zip _____

Preferred Phone _____ Alternate Phone _____

Email Address _____

Emergency Contact _____ Relationship _____ Phone _____

____ I understand that no refunds are given on YMCA membership dues and prices are subject to change.

____ I understand that replacement membership cards are \$2 each, if my card is lost or misplaced.

____ I understand that my YMCA membership is not held for short term illness or vacation.

____ I received a copy of the YMCA handbook.

FAMILY MEMBERS Include your name on line 1.

Name (Last, if Different)	Birth Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
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	
5.		<input type="checkbox"/> M <input type="checkbox"/> F	
6.		<input type="checkbox"/> M <input type="checkbox"/> F	
7.		<input type="checkbox"/> M <input type="checkbox"/> F	
8.		<input type="checkbox"/> M <input type="checkbox"/> F	

MEMBERSHIP TYPE

Please select one of the following:

- Individual Bankdraft _____
- Family Bankdraft _____
- Semi-Annual _____
- Annual _____
- Corporate _____
- Student _____
- Employee _____

How did you hear about the Y?

- Member Referral (Name) _____
- Healthways YMCA Website
- Guest Pass Other Website
- Employee Email
- Newspaper Ad Radio Ad
- Other _____

BANK DRAFT AUTHORIZATION ONLY:

I authorize the VALDOSTA-LOWNDES COUNTY FAMILY YMCA to initiate debts on the BANK indicated below to debit the amount of \$ _____ from my/our checking or savings account dedicated below. Your YMCA Bank Draft payment will be drawn from your account on the _____ day of each month beginning _____.

This amount will continue to be withdrawn until you notify the YMCA in person to cancel your membership 15 days prior to the draft date. Cancellations received after the deadline will be effective the following month. You are responsible for all returned drafts, plus \$25.00 service charge payable to the YMCA.

____ I understand that it is my responsibility to check my monthly bank statement and report any corrections immediately to the YMCA.

Bank Name _____ Checking Acct. Savings Acct.

Routing # _____

Account # _____

Signature _____ Date _____

For Office Use Only

Bankdraft Date 1st 15th Draft \$ _____ Starting _____

Scholarship? _____

Membership ID # _____ Staff _____

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

(over)

Last Name

First Name

Membership Type



**VALDOSTA-LOWNDES COUNTY FAMILY YMCA
RELEASE & WAIVER of LIABILITY & INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost that may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of **Georgia** and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Signature of Applicant (parent or guardian if under 18)

Signature of Spouse

Print Name

Print Name

DATE

DATE