



YMCA of West Central Florida Application for Membership

Date _____

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

Primary Member: Mr. Mrs. Ms. Dr. First Name _____ Last Name _____ MI _____

Gender: M F Date of Birth ____/____/____ Email Address _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Employer _____ Work Phone _____

Preferred Method of Contact Home Cell Work Email Other: Would you be interested in becoming a Volunteer? Yes No

Emergency Contact Name _____ Emergency Phone No _____

Spouse (Family Memberships ONLY and as defined by the IRS; includes enrollee and legal dependents as stated on the applicants most recent 1040 IRS form.)

First Name	Last Name	Gender	Date of Birth	Relationship to Primary
_____	_____	M F	____/____/____	Spouse

Additional Family Members (Family Memberships ONLY)

First Name	Last Name	Gender	Date of Birth	Relationship to Primary
_____	_____	M F	____/____/____	<u>dependent</u>
_____	_____	M F	____/____/____	<u>dependent</u>
_____	_____	M F	____/____/____	<u>dependent</u>
_____	_____	M F	____/____/____	<u>dependent</u>
_____	_____	M F	____/____/____	<u>dependent</u>

Personal Information

This information is used for United Way and other funding. This information is not reported individually.

Ethnicity Asian African American
Hispanic Native American
Caucasian other _____

Annual Household Income
Under \$10,000
\$10,000-\$20,000
\$20,000-\$30,000
\$30,000-\$40,000
\$40,000-\$50,000
Over \$50,000

Occupation _____

How did you here about the YMCA?
Friend Newspaper Internet
Prior member School Flyer
Other

For All Electronic Funds Transfer (Draft) Members. Type of Draft Checking Saving Credit Card

Attach Form of EFT Payment Method below (Voided Check or a Major Credit Card – Visa, Master Card, Discover. No debit or bank cards.)

By signing below I accept the Conditions of Membership and Release & Waiver of Liability and Indemnity as stated on the reverse side of this form; including Member Health, YMCA Code of Conduct, Criminal History, Property Loss, Insurance, Photograph Permission, Authorization Agreement for Electronic Funds Transfer, Annual Payment Terms, Cancellation Policy.

Signature _____ Date _____

YMCA Financial Assistance

No qualified person is denied YMCA services due to an inability to pay established fees. Those not able to pay the full fee may receive financial assistance based on ability to pay and the YMCA's ability to fund the subsidy. Assistance is available due to the generosity of the YMCA donors.

Attach Payment Method Here

MSR Use Only
<input type="checkbox"/> Annual <input type="checkbox"/> EFT Bank (voided check attached) <input type="checkbox"/> EFT (card attached) <input type="checkbox"/> P/D <input type="checkbox"/> Staff/Dept:
Receipt Number (attach a copy of the receipt):
Member Number
Branch <input type="checkbox"/> LF <input type="checkbox"/> FG <input type="checkbox"/> Par 3 <input type="checkbox"/> WH <input type="checkbox"/> Poin
Draft <input type="checkbox"/> 1st <input type="checkbox"/> 15th Next bill Date ____/____/____
Enrolled by

Back Office Use Only	Reviewed by
Membership Type	Scholarship %
Follow up	

YMCA of West Central Florida, Inc.
Conditions of Membership and Release & Waiver of Liability

Conditions of YMCA Membership

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

Member Health: The applicant represents that he/she is in physically sound condition and understands that participation in exercise, weight training, recreational sports, and the use of pools and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA assumes no responsibility for any such injury or illness.

YMCA Code of Conduct: The applicant agrees to abide by all policies and procedures of the YMCA and its branches and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

Criminal History: The applicant acknowledges that it is the policy of the YMCA to deny membership to any individual accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, and that the YMCA will periodically check its membership records for criminal history.

Insurance: The applicant understands that the YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

Photograph Permission: The applicant hereby gives permission for the YMCA to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

Property Loss: The applicant understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

Conditions of Payment for YMCA Membership Fees

Annual Payment Terms: Those members paying ahead on an annual plan may cancel membership with 30 days written notice and surrender membership card(s) to the Association. A pro-rated refund will be issued to the member if membership is cancelled prior to the anniversary date.

Authorization Agreement for Electronic Funds Transfer: The YMCA is authorized to withdraw monthly membership payments from the specified bank account or credit card. The association may change the payment date or amount associated with membership by providing a 30 day written notice to members. Members may cancel this authorization with 30 days written notice and surrender of membership card(s) to the association. Should any electronic funds transfer not be honored, the membership will be terminated immediately. Payment, plus a \$5 service charge, is to be made in person at the YMCA in order to reinstate any such membership. This agreement also allows the YMCA to enter a reversing entry to the member's account in the event that error occurs.

Cancellation Policy: Membership dues paid by monthly EFT draft are continuous, but can be cancelled at any time by completing a Membership Change form at the YMCA at least 30 days prior to the draft date.

YMCA Release and Waiver of Liability and Indemnity

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA of West Central Florida (YMCA) for any purpose including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, I, on behalf of myself and any children, dependents or personal representatives, hereby:

1. Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended and (d) voluntarily sign this release and waiver of liability.
2. Release the YMCA, its director, officers, employees, agents, boards, and volunteers (collectively "YMCA Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releasees or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.
3. Agree not to sue the YMCA Releasees for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releasees and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releasees or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

By signing the reverse side of this Application for Membership, I agree that this release and waiver of liability is intended to be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion thereof is held invalid, I agree that the balance shall continue in full force and effect.