YMCA OF AVERY COUNTY

Membership Application

Member Identification Number ☐☐–☐☐☐☐☐

Join Date ☐☐ ☐☐ ☐☐ Month/Day/Year

PRIMARY MEMBER INFORMATION:

TITLE: **FIRST NAME:** **MI:** **LAST NAME:**

PRIMARY MAILING ADDRESS: **PO BOX/STREET:**

CITY: **STATE:** **ZIP:**

PHONE: **E-MAIL ADDRESS:**

HOME PHONE: ( ) **WORK PHONE: ( )** **CELL/OTHER: ( )**

DATE OF BIRTH: _____/_____ /_____ **GENDER (Circle One):** **Male** **Female**

CURRENT EMPLOYER:

IS THIS PART OF A CORPORATE MEMBERSHIP? **Y** **or** **N** **Please specify affiliation:**

EMERGENCY CONTACT NAME: **EMERGENCY CONTACT PHONE #: ( )**

PARTICIPATING MEMBERS:

		FIRST NAME	MI	LAST NAME	BIRTHDATE	GENDER
Spouse:	1.				_____/_____/_____	M F
Dependent:	2.				_____/_____/_____	M F
Dependent:	3.				_____/_____/_____	M F
Dependent:	4.				_____/_____/_____	M F
Dependent:	5.				_____/_____/_____	M F
Dependent:	6.				_____/_____/_____	M F

AREAS OF INTEREST:

To help us serve you better, please let us know what areas you are most interested in:

___ Pool ___Water Exercise ___Swim Lessons ___Fitness/Wellness ___Kid Zone ___Personal Training ___Group Exercise ___Sports
___ Teen Programs ___Senior Programs ___Family Programs ___Social Opportunities ___Fundraising ___Christian Mission/Spiritual Growth
___ Others:

How did you hear about our YMCA? ____ Radio ____Newspaper ____Word of Mouth ____Mail ____Medical Reference ____Internet/Email

____ Television ____Other (please specify)_____

Please continue to next page...

OFFICE USE ONLY:

MEMBERSHIP CODE: _____ ☐ **Adult** ☐ **Couple** ☐ **Family** ☐ **Senior** ☐ **Full Time Student**

☐ **Bank or Credit Card Draft** ☐ **Annual Pay** ☐ **Quarterly** ☐ **Corporate** **Amount Paid $**_____ **Joining Fee $**_____

Receipting Clerk (staff initials) _____

We build strong kids, strong families and strong communities.

YMCA of Avery County

MEMBERSHIP AGREEMENT & CODE OF CONDUCT

Identification Number ☐☐-☐☐☐☐☐ *Today's Month/Day/Year* ☐☐ ☐☐ ☐☐

MEMBERSHIP AGREEMENT

• I understand that all memberships are non-refundable and non-transferable. YMCA membership is a minimum one-year commitment unless on automatic bank draft. ***Please initial:***_____

• Membership key tags are required for facility access. I understand that membership key tags remain the property of the YMCA and must be surrendered upon demand or upon cancellation of membership. I understand that I will receive temporary membership cards for the balance of time I have paid for or will be paying. ***Please initial:***_____

• It is my understanding that if I wish to terminate or change my membership in any way, such as changes to my address, name and/or bank draft information, or any other changes, I must give written notice **30-days prior to my draft date** (*forms are available at Member Services Desk*). YMCA draft is a continuous membership plan. ***Please initial:***_____

• I hereby grant full permission to the YMCA to use any photographs, tape or video recordings taken of myself and/or any dependents for all marketing purposes. ***Please initial:***_____

• I understand that the joining fee is a one-time fee as long as membership is continuous. Funds will be used for the ongoing maintenance of YMCA equipment and facilities. If a member rejoins within sixty (60) days of termination, no joining fee will be charged. A full joining fee will be required if more than sixty (60) days have passed. ***Please initial:***_____

• The YMCA Board of Directors may adjust the monthly membership rate at any time. I understand 30-days notice will be mailed to the last address I have given to the YMCA. ***Please initial:***_____

• Bank or credit card draft is a CONTINUOUS, perpetual membership plan. My membership DOES NOT expire except upon my request, unless I am receiving financial assistance. I understand there are no refunds given. It is therefore my responsibility to check my monthly statement and report any corrections within 30-days to the YMCA. I also understand that I will not receive a statement or billing for my membership from the YMCA. ***Please initial:***_____

• Should my membership draft or payment not be honored for ANY REASON, I realize that I am still responsible for that payment plus any additional charges that may occur. If payment is not received within 30-days, my membership will be terminated immediately. Once the balance is paid, my membership and draft will be reactivated. ***Please initial:***_____

CODE OF CONDUCT

The YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs.

We expect persons using the YMCA to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our Member's Code of Conduct outlines prohibited action, but the actions listed below are not an all-inclusive list of behaviors considered inappropriate in our facilities or programs.

- Using or possessing alcohol or illegal chemicals on YMCA property, in YMCA vehicles, or at YMCA-sponsored programs
- Smoking on YMCA property - the YMCA and its property is a smoke-free environment
- Carrying or concealing a weapon or any device or object that may be used as a weapon
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, or threatening way
- Verbally abusive behavior, including angry or vulgar language, swearing, name-calling, or shouting
- Sexually explicit conversation or behavior; any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Theft or behavior that results in the destruction or loss of property
- Loitering within or on the grounds of the YMCA

In addition, The 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 or has been a registered sex offender, 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 is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages.

Members and guests are encouraged to take responsibility for their personal comfort and safety by asking any person whose behavior threatens their comfort to refrain from such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a staff person on duty.

Member Signature: _____ Date: _____

YMCA of Avery County

AUTOMATIC PAYMENT PLAN & RELEASE / LIABILITY WAIVER

Identification Number ☐☐-☐☐☐☐☐ *Today's Month/Day/Year* ☐☐ ☐☐ ☐☐

PAYMENT PROCEDURES

PAYMENT OPTIONS:

1)Full Year - Yearly payment by Cash, Check or Credit Card. Full amount for 12 months plus the joining fee is due at time of membership sign up. An invoice will be mailed to renew membership one month prior to expiration date.

2)Bank Draft - Monthly draft from a Checking or Savings Account in the amount of monthly membership dues. Payment for the first month plus the joining fee is due at time of sign up. Depending on the join date, the draft will begin as follows:

Join Date	First Draft	Future Drafts
1st - 14th	1st of next month	1st of following month
15th - 23rd	15th of next month	15th of following month
24th - End of month	1st of month after next	1st of following month

3)Credit or Debit Card Draft - Monthly draft from a Credit / Debit Card for the amount of monthly membership dues. Payment for the first month plus the joining fee is due at time of membership sign up. The draft will begin the following month on the **20th**.

Draft Agreement:
I hereby authorize the YMCA to initiate debits to the BANK or CREDIT CARD indicated on the attached check or credit card number for the amount of monthly membership dues. The authority is to remain in effect until the YMCA has received thirty (30) days written notification from me of the termination of this agreement, or until the YMCA or BANK has given me thirty (30) days written notice of the YMCA's or BANK's termination of the agreement. The YMCA will mail a thirty (30) day written notification of any change in the amount to be drafted. Should my BANK or CREDIT CARD, for any reason not honor my draft, I realize that I am still responsible for that payment and a $30 YMCA service charge. Payment must be made to the YMCA in the form of cash or a money order payable to the YMCA prior to my next draft. This is in addition to any service fee my BANK OR CC COMPANY levies against my account.

Bank Draft: Attach a voided check unless you are paying the 1st month and joining fee with a check from the account to be drafted.

Credit Card: Visa/MasterCard accepted. CC#:_____Exp:_____3-Digit VIN:_____

ACCOUNT AUTHORIZATION SIGNATURE:_____ Date:_____

RELEASE / LIABILITY WAIVER

In consideration for 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 program affiliated with the YMCA, without respect to location, 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 programs 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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, 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 personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor 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, without respect to location.

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 they 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 releasees 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.

4) THE UNDERSIGNED HEREBY UNDERSTANDS THAT THE YMCA RECOMMENDS ALL MEMBERS CHECK WITH THEIR HEALTHCARE PROVIDER before participating in any physical activities.

5) THE UNDERSIGNED HEREBY UNDERSTANDS THAT THE YMCA RECOMMENDS ALL MEMBERS ATTEND EQUIPMENT ORIENTATION before using any equipment or beginning any exercise.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina 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, & further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE Member Signature: _____ Date: _____
(or legal guardian if under 18 years old)