



GRANTS PASS FAMILY YMCA MEMBERSHIP RECORD

Member Information

_____ MI _____ Last Name _____ Date of Birth _____ M/F _____
 First Name

_____ City/State/Zip _____ Member No. _____
 Mailing Address

() _____ () _____
 Home Phone Cell Phone

_____ Email address check if you don't want e-mail

How did you hear about the Grants Pass Family YMCA:

Radio Station _____ Daily Courier Friend/Relative Other _____
 Parks and Recreation Sneak Preview Illinois Valley News

Spouse/Partner Information (if included on the membership only) Qualifications for an Adult Couple are: Married or paired together, sharing income and expenses (excludes: bother/sister, mother/daughter, etc)

_____ MI _____ Last Name _____ Date of Birth _____ M/F _____
 First Name

() _____
 Cell Phone Email Address Member No.

Dependent Children information (if included on membership only)

Qualification for eligible dependent is: unmarried child under the age of 19, living at home or under 24 and a full time college student. Must meet the IRS definition of a dependent, or member is under legal obligation to support the dependent.

First Name	MI	Last Name	Date of Birth	M/F	Member #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____ Which dependant(s) is a full time college student? _____ What college is (s)he attending

Emergency Contact Information

_____ () _____
 First Name Last Name Relationship Phone Alternate Phone

FOR OFFICE USE ONLY:	<input type="checkbox"/> Member Services
_____	_____
Membership Type	Issue Date Corporate Employer Entered ACM Initial

Interests (check all that apply)

Active Older Adults	Childcare/Preschool	Volunteer Committees/Work
Adult Aquatics	Day Camp	Workout Buddy
Adult Dance	Family Programs	Youth Away Camps
Adult Fitness Classes	Healthy Lifestyles	Youth Dance
Adult Sports	Personal Training	Youth Sports
After School Care	Senior Programs	Youth Swim Team/Lessons
Biddy Camp	Teen Activities	

Please visit our website at:

www.grantspassymca.org for information on various programs and activities

Initials, Authorizations and Signatures

Initial **The Grants Pass Family YMCA hereby advises its members, guest and participants that we review sex offender lists** and reserve the right to do background checks on its members, guests and participants at any time. Furthermore, the Grants Pass Family YMCA, at their sole discretion, reserves the right to cancel any privileges based upon said background checks and/or sex offender list reviews.

Initial **The Grants Pass Family YMCA reserves the right to terminate the privileges** of any guest at any time for reasons including, but not limited to: taking actions contrary to the YMCA's Mission or disrupting the YMCA operations, clothing, logo's or body markings that could interfere with your safety or could be considered inappropriate for a "family" facility, taking drugs or alcohol, criminal activity, etc.

Initial **Please be advised that the Grants Pass Family YMCA exercises some general supervision** over the facility and conduct of patrons, however cannot act as babysitter for individual children left unattended on the premises. It is the responsibility of the parents/guardians to ensure each child behaves in a safe, respectful, and responsible manner. Unattended children will be instructed to wait in the lobby or be placed in one of the childwatch rooms with the parents/guardians responsible for the fee. Children under the age of 7 must be accompanied by an adult or be placed in one of the childwatch rooms while using the facility in addition to being checked in and out of programs they may be attending.

Initial **You may make up to 3 changes per calendar year to your membership/program** (ie. adding members, changing type of membership, canceling etc) at no charge. Each change over and above the original 3 will incur a \$10.00 processing fee due and payable at the time the change is requested. In addition, all changes must be made by the 10th of the month if the draft is drawn on the 16th. Changes to the draft which draws on the 1st of the month must be made by the 25th of the prior month. **No exceptions will be made to this policy.** All automatic drafts, whether paying by credit card or bank withdrawal, are done on the 1st or the 16th of the month depending upon your join date. You may change your automatic payment date by paying an additional 2 weeks of membership. I understand that if my payment is declined for **any reason**, I shall be responsible for the \$10.00 service fee. **No full or partial refunds will be issued for not making changes by the cutoff time or for non-use.**

Initial **Automatic withdrawals will remain in effect** until the YMCA receives written notification of the membership/program termination. Enrollment fees are non-refundable and will be charged again if your membership lapses.

Initial **Cancellations are accepted in writing only.** This membership may be cancelled at any time after 3 months with the proper notification.

Initial **The Grants Pass Family YMCA takes pictures of all members, guests and participants** for security purposes. In addition, I authorize the Grants Pass Family YMCA to use snap shots of myself and/or my children in its own publications. These snapshots include but are not limited to the photos taken for security, classes, programs, special events and/or trips, etc.

Initial **In consideration of the right to participate in this facility,** I release any and all claims for damages, losses and injuries suffered by me or my minor child as a result of said participation, against the Grants Pass Family YMCA, it's officers, agents, representatives, executors, and all others. I hereby agree to assume those risks on my behalf of myself or on behalf of my minor child(ren) and to hold harmless the Grants Pass Family YMCA..

Initial **AUTHORIZATION FOR TREATMENT** I hereby authorize the Grants Pass Family YMCA to secure required medical attention for myself or my minor children at my expense in the event of sickness or accident.

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