



Membership Record

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Primary Member Information

Unit # _____

Name First Middle Last Age Date of Birth Gender

Mailing Address City State Zip

Phone Email address

Additional adult (if included on the membership only) Must reside together, sharing income and expenses.

Name First Middle Last Age Date of Birth Gender

Phone Email Address

Dependent(s) (if included on membership only) Meets the IRS definition of a dependent i.e.: under age child living at home or 19-24 years.

First Name	Middle Name	Last Name	Gender	Age	Date of Birth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Additional members: Residing with primary member (additional fees apply) Must show proof of residency.

First Name	Middle Name	Last Name	Gender	Age	Date of Birth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Emergency Contact

Name Phone

FOR OFFICE USE ONLY:

Intake Initial Date

Check Initial Date

SECURITY: The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. Cell phone use is strictly prohibited in locker rooms and bathrooms. The Y also reserves the right to terminate privileges of any guest at any time for reasons including, but not limited to: taking actions contrary to the Y's Mission, disrupting the Y's operations (ie not following facility/program rules and/or policies), 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. **I/we hereby authorize the Y to use snap shots and/or videos** of myself or 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

INDEMNITY/WAIVER & AUTHORIZATION FOR TREATMENT: In consideration of the right to participate in Grants Pass Family YMCA programs and activities 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 Y, also including but not limited to the climbing wall, hereby acknowledge there are not warranties applicable to the equipment provided by the Y. Any equipment I receive, rent or borrow from the Y I use voluntarily and at my own risk. In addition, I voluntarily desire to participate in such activities being fully aware of the dangers and voluntarily assume all risk of loss, damage, injury, bodily harm or death. I further agree to the following: **I agree to save and hold harmless the Grants Pass Family YMCA, its officers, agents, representatives, executors, and all others of any, and all claims for damages to person or property** including but not limited to losses, claims, costs, expenses, judgments, or injuries suffered by me or my minor child as a result of said participation. I also hereby agree to assume those risks on my behalf of myself and on behalf of my minor child(ren) and to hold harmless the Grants Pass Family YMCA. In addition, I hereby **authorize the Grants Pass Family YMCA to secure required medical attention for myself or my minor child(ren) at my expense in the event of sickness or accident.**

Initial

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

Initial

FINANCIAL: All automatic drafts, whether paying by credit/debit card or bank withdrawal, are done on the 1st or the 16th of the month and will remain in effect until the Grants Pass Family YMCA receives written notification of membership/program termination or change. All rate increases will automatically adjust according to the rate set by the Board of Directors. Enrollment fees are non-refundable or transferable and will be charged again if your membership lapses over 30 days for any reason. **Any changes to the membership 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.** I understand if my payment is declined for any reason, I shall be responsible for the \$10.00 service fee. I authorized the Grants Pass Family YMCA to re-run my payment including any bank fees if my automatic payment is declined. **No full or partial refunds** will be issued for not making changes by the cutoff time or for non-use. **Towel and/or Locker rentals** must be paid in the same manner the membership is paid. **No exceptions will be made to the Financial Policy.**

Initial

HOLD: The Grants Pass Family YMCA will be happy to "Hold" your entire membership for a \$10.00 fee per month. The membership must be placed on "Hold" in increments of 1 month, for a minimum of 1 month and must have a minimum of 1 month remaining on the membership. Holds may be released early with payment of prorated membership dues.

Initial

CANCELING MEMBERSHIP: Cancellations are accepted in writing only. This membership may be cancelled at any time with the proper notification. Cancellation of the membership must be done **by the 10th of the month if the draft is drawn on the 16th or by the 25th of the month prior if the draft is drawn on the 1st.** **No full or partial refunds** will be issued for non-use.

Initial

Annual Closure: The Facility is closed annually for seven days for the Josephine County Fair. During this time, we work on improvements and deep cleaning in the facility. **Membership rates are not adjusted or reimbursed during this time period.**

Initial

Payment Plan Options

Pre-Paid Auto Monthly Payroll Deduct (Asante)

Membership Fee	\$ _____	Membership Type _____	Discount Group _____
Additional Member fees	\$ _____	Description of additional fees _____	
Donation	\$ _____	Sponsor a child in your community by donating \$3, \$5, \$10 or more.	
Swim Team/Swim Club	\$ _____	\$51.00 Swim Team or \$34.00 Adult Swim Club Participant's Name _____	
Locker Rent	\$ _____	\$7.50 per month, <u>per locker</u> Participant's Name _____ # _____	
Towel Rental	\$ _____	\$10.00 per month per locker Participant's name _____	
Red Light Therapy	\$ _____	\$20.00 per month, <u>per person</u> , Three (3) 15-minute sessions per week	
InBody Assessment	\$ _____	\$5.00 per month, <u>per person</u> Participant's Name _____	
Hydromassage	\$ _____	\$20.00 per month, <u>per person</u> Barcode _____	
Total due each month	\$ _____		

Payroll Deduct: I Authorize my employer to deduct _____ per **paycheck** and pay directly to the Grants Pass Family YMCA for membership fees. I understand the deduction will continue until I notify my employer to stop the automatic deduction and complete the Grants Pass Family YMCA Termination Notice. In addition, I understand membership fees are subject to change and my employer is hereby instructed to adjust my payroll deductions accordingly.

Cardholder's Name _____ Last 4 Digits Credit/Debit Card Number _____ Expiration _____

For Office Use Only:

Draft/Credit/Debit Card Begin Date

Draft/Credit/Debit Card Amount

Primary Member Printed Name

Primary Member Signature

Date

Responsible Party Printed Name (if different)

Responsible Party Signature (if different)

Date